

EXHIBIT 4

DEPOSITION OF DAVID BAZEMORE

May 15, 2007

Pages 1 through 228

PREPARED BY:

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1
 2 IN THE UNITED STATES DISTRICT COURT
 3 FOR THE MIDDLE DISTRICT OF ALABAMA
 4 EASTERN DIVISION
 5
 6 KYLE BENGSTON,
 7 Plaintiff,
 8 Vs. CIVIL ACTION NO.
 3:06-cv-00569-MEF
 9 DAVID BAZEMORE, O.D.,
 et al.,
 10 Defendants.
 11
 12 *****
 13
 14 DEPOSITION OF DAVID BAZEMORE, O.D., taken
 15 pursuant to stipulation and agreement before
 16 Patricia G. Starkie, Registered Diplomat Reporter,
 17 CRR, and Commissioner for the State of Alabama at
 18 Large, in the Law Offices of Adams, Umbach,
 19 Davidson & White, 205 South 9th Street, Opelika,
 20 Alabama, on Tuesday, May 15, 2007, commencing at
 21 approximately 9:35 a.m.
 22 *****
 23

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1
 2 APPEARANCES
 3
 4 FOR THE PLAINTIFF:
 5 Mr. David W. Adams
 THE NEWMAN LAW FIRM
 6 Attorneys at Law
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 Alpharetta, Georgia 30004
 8
 9 FOR THE DEFENDANT:
 10 Mr. Blake Lee Oliver
 Mr. Matt White
 11 ADAMS, UMBACH, DAVIDSON & WHITE
 Attorneys at Law
 12 205 South 9th Street
 Opelika, Alabama
 13
 14 Also present: Mr. Kyle Bengtson
 15 *****
 16
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 7 4 Title page of textbook - Clinical Ocular 108
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 8 counsel)
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 11 7 License agreement between Dr. Bazemore 216
 and Wal-Mart
 12 *****
 13
 14 STIPULATION
 15 It is hereby stipulated and agreed by and
 16 between counsel representing the parties that the
 17 deposition of:
 18 DAVID BAZEMORE, O.D.
 19 is taken pursuant to the Federal Rules of Civil
 20 Procedure and that said deposition may be taken
 21 before Patricia G. Starkie, Registered Diplomat
 22 Reporter, CRR, and Commissioner for the State of
 23

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1 commission;
 2 That objections to questions other than
 3 objections as to the form of the question need not
 4 be made at this time but may be reserved for a
 5 ruling at such time as the said deposition may be
 6 offered in evidence or used for any other purpose
 7 by either party provided for by the Statute.
 8 It is further stipulated and agreed by and
 9 between counsel representing the parties in this
 10 case that the filing of said deposition is hereby
 11 waived and may be introduced at the trial of this
 12 case or used in any other manner by either party
 13 hereto provided for by the Statute regardless of
 14 the waiving of the filing of the same.
 15 It is further stipulated and agreed by and
 16 between the parties hereto and the witness that the
 17 signature of the witness to this deposition is
 18 hereby waived.
 19 *****
 20
 21
 22
 23

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<p>1 DAVID BAZEMORE, O.D. 2 The witness, after having first been duly 3 sworn to speak the truth, the whole truth and 4 nothing but the truth testified as follows: 5 EXAMINATION 6 BY MR. ADAMS: 7 Q. This will be the deposition of Dr. David 8 Bazemore, OD. Dr. Bazemore, we met in a 9 previous deposition. My name is David 10 Adams. I represent Kyle Bengtson. 11 MR. ADAMS: Same stipulations as 12 in our prior deposition? 13 MR. OLIVER: Yes. 14 MR. WHITE: Yes. 15 MR. ADAMS: Let me finish the 16 formalities. This will be 17 taken for the purposes of 18 discovery and any other 19 purpose authorized by the 20 federal civil procedure rules. 21 Q. Dr. Bazemore, I'm sure your attorneys have 22 explained to you what this is about, and 23 you've observed Kyle Bengtson's</p>	<p>1 also means that word responses should be 2 given as opposed to uh-huh and unh-unh as 3 we're all prone to do. And I believe 4 that's it. 5 All right. Can you give me your full 6 name, Dr. Bazemore. 7 A. David Newell, N-E-W-E-L-L, Bazemore. 8 Q. Okay. Any junior or anything like that? 9 A. No. 10 Q. Okay. And where do you reside? 11 A. 903 McLure, M-C-L-U-R-E, Avenue, Opelika. 12 Q. How long have you lived there? 13 A. 36801. 14 Q. Okay. 15 A. Twelve or 13 years. 16 Q. And who lives there with you? 17 A. My wife. 18 Q. Okay. And what is her name, please? 19 A. Joy, the maiden name is Crawley, 20 C-R-A-W-L-E-Y, Bazemore. 21 Q. Okay. And is she originally from Opelika? 22 A. She was born in the Philippines. When I 23 met her, it was in Birmingham.</p>
Page 6	Page 8
<p>1 deposition. Have you ever given a prior 2 deposition? 3 A. No, sir. 4 Q. Okay. Well, if I ask a question that you 5 don't understand, and I can assure you that 6 will happen probably a number of times, not 7 because of any inability on your part, but 8 because I don't always ask perfect 9 questions, please ask me to rephrase it. 10 Because the deal is if you answer it, it's 11 assumed you understood it. 12 MR. WHITE: Object to the form. 13 Q. If you need to take a break at any time, 14 please feel free to just let me know or 15 tell your attorney, and I'll be glad to 16 accommodate you. This isn't a marathon or 17 an endurance test, so I'll be glad to 18 accommodate you. 19 Also it's important that everything you 20 and I say be taken down by our court 21 reporter. That means we need to respond 22 verbally as opposed to nodding our head as 23 we all do in normal conversation, and it</p>	<p>1 Q. Okay. I noticed in your interrogatory 2 responses that you attended Opelika High 3 School? 4 A. That's correct. 5 Q. Okay. And so I take it she didn't go to 6 high school in Birmingham? 7 A. She went to high school in Richmond, 8 Virginia. 9 Q. Okay. And Opelika is what I intended to 10 say. She went to high school in Richmond, 11 Virginia. 12 Does she have any relatives by blood or 13 marriage -- well, let's just say does she 14 have any relatives on her side of the 15 family residing in Lee County? 16 A. No. 17 Q. Do y'all have any children? 18 A. Yes. 19 Q. And do any of them reside in Lee County? 20 A. One. 21 Q. Okay. And what's that child's name? 22 A. Hillary, and it's still Bazemore. 23 Q. Is she going to be changing her name any</p>

Page 9	Page 11
<p>1 time soon that you know of?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. And what will her new name be?</p> <p>4 A. White.</p> <p>5 Q. All right. And is she going to be residing</p> <p>6 in Lee County after her marriage, I assume</p> <p>7 it is?</p> <p>8 A. I don't know.</p> <p>9 Q. Okay. The jury may be drawn from some</p> <p>10 other counties in between here and</p> <p>11 Montgomery. Do you have any other</p> <p>12 relatives by blood or marriage that reside,</p> <p>13 say, in Montgomery County, in Macon County,</p> <p>14 in Lee County, Tallapoosa County?</p> <p>15 A. Yes.</p> <p>16 Q. Russell as well.</p> <p>17 A. My mom lives here.</p> <p>18 Q. What is her name, please?</p> <p>19 A. Her name is Annie Merle, A-N-N-I-E,</p> <p>20 M-E-R-L-E, Bazemore.</p> <p>21 Q. Okay.</p> <p>22 A. I have a sister that lives here in town.</p> <p>23 Q. What is her name, please?</p>	<p>1 A. Yes.</p> <p>2 Q. All right. Now, do you know if any of your</p> <p>3 four daughters intend to reside -- well, do</p> <p>4 Grace, Shelly, Heather, any of them, to</p> <p>5 your knowledge, plan to move back to this</p> <p>6 area?</p> <p>7 A. No.</p> <p>8 Q. Okay. Any other relatives by blood or</p> <p>9 marriage residing in the counties that I</p> <p>10 just mentioned?</p> <p>11 A. I don't know if my sister's husband counts</p> <p>12 or something like that.</p> <p>13 Q. Yes. What is his name?</p> <p>14 A. His name is Terry and Carol White.</p> <p>15 Q. Terry White?</p> <p>16 A. Uh-huh (positive response).</p> <p>17 Q. And where does he live?</p> <p>18 A. Opelika.</p> <p>19 Q. Okay. Anybody else?</p> <p>20 A. I can't think of anybody else right off.</p> <p>21 Q. Do you have any brothers or sisters?</p> <p>22 A. Well, I gave you Carol, my sister.</p> <p>23 Q. Yes, you did. Sorry about that. But no</p>
Page 10	Page 12
<p>1 A. Her name is Carol, with a C, and the last</p> <p>2 name is White.</p> <p>3 Q. And do you have any other children other</p> <p>4 than Hillary?</p> <p>5 A. Three.</p> <p>6 Q. Okay.</p> <p>7 A. Yes.</p> <p>8 Q. What are their names?</p> <p>9 A. Starting with the oldest, it's Grace. Want</p> <p>10 last names?</p> <p>11 Q. Please, yes.</p> <p>12 A. Yukich. Y-U-K-I-C-H.</p> <p>13 Q. Where does she live?</p> <p>14 A. New York.</p> <p>15 Q. Okay.</p> <p>16 A. Shelly Spears. It's like it sounds. North</p> <p>17 Carolina.</p> <p>18 Q. Okay.</p> <p>19 A. And Heather still has Bazemore.</p> <p>20 Q. Okay.</p> <p>21 A. And that's in Birmingham. Well, it's in</p> <p>22 Pelham, if it matters.</p> <p>23 Q. Okay. Four daughters?</p>	<p>1 brothers?</p> <p>2 A. Lives in Atlanta.</p> <p>3 Q. Okay. I think you mentioned him.</p> <p>4 A. Yes. We were talking last time.</p> <p>5 Q. What is his name?</p> <p>6 A. His name is Steve Bazemore.</p> <p>7 Q. All right.</p> <p>8 A. And I have another sister whose name is</p> <p>9 Susan Lazenby, Z-E-N-B-Y. And that's in</p> <p>10 Birmingham.</p> <p>11 Q. Okay. What is your date of birth, doctor?</p> <p>12 A. 2/21/53.</p> <p>13 Q. And, now, we will make sure this isn't</p> <p>14 disseminated, but if you can give me your</p> <p>15 social security number.</p> <p>16 A. 424-72-8982.</p> <p>17 Q. Okay. Do you attend or are you a member of</p> <p>18 a church in this area?</p> <p>19 A. Yes.</p> <p>20 Q. Which one is that?</p> <p>21 A. First Baptist Church in Opelika.</p> <p>22 Q. Okay. And how long have you been a member</p> <p>23 there?</p>

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<p>1 A. We moved here in 1980, so that would be 27 2 years. 3 Q. Okay. Are you a member of any civic 4 organization? 5 A. I'm not sure what you're looking for. 6 Q. Rotary, Civitan, anything like that? 7 A. No. 8 Q. Lion's Club? 9 A. (Witness shakes head from side to side.) 10 Q. Make sure you say no. 11 A. No. I'm sorry. 12 Q. I think you said it earlier, but maybe not 13 to the last couple of clubs I mentioned. 14 Are you a member of any other 15 organization of any type? Volunteer with 16 anything? 17 A. Well, yes. 18 Q. Okay. 19 A. And that's -- I do some volunteer work for 20 the Lion's Club and for a Mercy Medical Eye 21 Clinic -- well, it's a medicine clinic 22 that's down in Auburn. 23 Q. Okay. Are you a member of the Lion's Club?</p>	<p>1 Q. Okay. I see. And can you give me an idea 2 of how often they might call and make that 3 appointment? 4 A. Not really without looking. 5 Q. Okay. Would you say you see at least one 6 patient a month under that arrangement? 7 A. (Witness nods head up and down.) 8 Q. Is that a yes? 9 A. Yes. 10 Q. Is that discounted or complete pro bono or 11 what? 12 A. There's no charge to them when I see them. 13 Q. Okay. And you said -- you'd say it's at 14 least once a month? 15 A. That would be true for the last year, you 16 know. That's all I could say for sure. 17 Q. Would you say it's more than -- say more 18 than five a month? 19 A. No. 20 Q. Okay. More than three would you say? 21 A. It varies from month to month. I'd hate to 22 say without looking back through and 23 dividing it out.</p>
Page 14	Page 16
<p>1 A. No. 2 Q. Okay. But you volunteer, do some work for 3 them? 4 A. (Witness nods head up and down.) 5 MR. WHITE: Have to answer yes or 6 no. 7 A. Yes. 8 Q. And Mercy Medical in Auburn, what is that? 9 A. That is a clinic that helps people that 10 aren't able to provide for their own 11 medical care. 12 Q. And what do you do with Mercy Medical? 13 A. I do eye exams on patients that they 14 request me to see. 15 Q. How often do you do that volunteer work? 16 A. I couldn't really give you a number. You 17 know, I -- there might be -- I don't know. 18 I'd have to look back through the schedule. 19 Q. Okay. I mean, do you volunteer once a 20 month or -- 21 A. No. They come to the office. 22 Q. I see. 23 A. They call and make the appointments.</p>	<p>1 Q. All right. But somewhere between one and 2 five a month would be fair? 3 A. (Witness nods head up and down.) 4 Q. Is that a yes? 5 A. I would say -- I'm sitting here trying to 6 think about this month and last month. I 7 would say that's in the ballpark. 8 Q. Okay. Well, that's commendable that you do 9 that. 10 Now, you attended Opelika High School? 11 A. That's correct. 12 Q. What year did you graduate? 13 A. 1971. 14 Q. And where did you -- what did you do after 15 high school, immediately after high school? 16 A. Well, for that summer, I worked, and then 17 in the fall I went to Auburn University. 18 Q. Okay. What did you study at Auburn? 19 A. I was in a premed curriculum. It would be 20 a Bachelor of Science. 21 Q. So your degree is premed from Auburn? 22 A. I did not get a degree from Auburn. 23 Q. Okay. Where did you obtain your degree?</p>

<p style="text-align: right;">Page 17</p> <p>1 A. I was accepted into optometry school in the 2 fall of '73, I think. 3 Q. All right. So you attended your freshman 4 and sophomore year at Auburn? 5 A. That's correct. 6 Q. Now, what made you decide to go to 7 optometry school? 8 A. Well, my vision is not very good, and that 9 was something that interested me, so I had 10 applied to that early and they -- I was 11 accepted in. 12 Q. Okay. Was your original plan to attend 13 medical school? 14 A. Well, the curriculum is the same. There's 15 not a pre-optometry curriculum in an 16 undergrad program. It's the same courses. 17 Q. When you entered Auburn, what was your 18 career goal? 19 A. At that point, I was playing basketball at 20 the University and I was going to school 21 and I was -- I had a pretty full schedule. 22 I wasn't really too worried about six 23 months from then.</p>	<p style="text-align: right;">Page 19</p> <p>1 growing up. My dad was a bigger basketball 2 fan than football fan, so I was in many an 3 empty gymnasium. 4 You mentioned your vision was one of 5 the things that motivated you to go to 6 optometry school. Tell me about that. 7 A. Well, I am nearsighted. I have trouble 8 seeing at a distance. And I got 9 corrections when I was in ninth grade in 10 high school, and it's just something that's 11 kind of held my interest since then. 12 Q. Okay. When did you and your wife marry, 13 what year? 14 A. You're going to get me in trouble. 1977. 15 Q. So you were single, playing basketball at 16 Auburn, making good grades. 17 A. Correct. 18 Q. Okay. So what prompted you, other than 19 your vision? Was there anything other than 20 your vision that prompted you to want to 21 apply to optometry school after -- around 22 your second year of college? 23 A. Well, I think at that point I did not have</p>
<p style="text-align: right;">Page 18</p> <p>1 Q. Okay. But you entered premed with the idea 2 of becoming what? 3 A. I thought that that would be a very 4 interesting field to be in and would give 5 me an opportunity to serve other people. 6 Q. Okay. But my question is when you decided 7 on premed, was your vision or objective to 8 eventually go to medical school, or was it 9 to do something else? 10 A. I thought that was one of the options that 11 I was looking at, that I thought would be 12 very interesting. 13 Q. How were your grades your first two years? 14 A. At Auburn? 15 Q. Yes. 16 A. I think I made all A's and one B. 17 Q. Okay. So you were playing basketball? 18 A. Yes. 19 Q. So did you play for Bob Davis? 20 A. At the time that I played, they still had a 21 freshman team. 22 Q. I see. Okay. Well, I'm a rare breed. I 23 actually went to Auburn basketball games</p>	<p style="text-align: right;">Page 20</p> <p>1 anything to lose by applying there as far 2 as trying to get in early. The worst thing 3 they could say was no. But I was -- I was 4 fortunate enough to be accepted early 5 because of my performance at the undergrad 6 level. 7 Q. Okay. And when you say accepted early, 8 what do you mean by that? 9 A. Most of the applicants do have four-year 10 degrees when they go in there. 11 Q. And was that true in 1973? 12 A. I couldn't tell you as far as the 13 percentage of my class that was in -- that 14 had a degree in this or that. I really 15 couldn't give you those numbers. 16 Q. Okay. Did you apply to any other schools 17 other than optometry school? 18 A. No. 19 Q. You didn't apply to vet school or anything 20 like that? 21 A. No. I was more interested in the other. 22 Q. Okay. Now, did you apply anywhere other 23 than UAB?</p>

Page 21	Page 23
<p>1 A. No, that was my first choice.</p> <p>2 Q. Okay. So you weren't turned down to any</p> <p>3 optometry school?</p> <p>4 A. No.</p> <p>5 Q. And so you entered optometry school, you</p> <p>6 said, in the fall of '73. Now, how many</p> <p>7 years were you in optometry school?</p> <p>8 A. That is a four-year program.</p> <p>9 Q. All right. And what was your class rank</p> <p>10 upon graduation, do you know?</p> <p>11 A. I was first in the class.</p> <p>12 Q. And what did you do upon graduation?</p> <p>13 A. I went into the Navy for three years to pay</p> <p>14 back a scholarship that I was on in school.</p> <p>15 Q. Okay. And where were you stationed?</p> <p>16 A. I was stationed -- I was in Beaufort, South</p> <p>17 Carolina, and I worked in the eye centers.</p> <p>18 There's a hospital there and a dispensary</p> <p>19 on one of the -- on the Parris Island base.</p> <p>20 Q. Okay. Did you have to become a licensed</p> <p>21 optometrist to practice optometry in the</p> <p>22 military?</p> <p>23 A. Yes.</p>	<p>1 in any other states?</p> <p>2 A. No.</p> <p>3 Q. All right. So were you stationed anywhere</p> <p>4 else other than Beaufort?</p> <p>5 A. No.</p> <p>6 Q. And, now, after three years, what did you</p> <p>7 do then?</p> <p>8 A. Moved back here to Opelika.</p> <p>9 Q. Okay. And so you graduated in 1977, moved</p> <p>10 back here in 1980?</p> <p>11 A. Correct.</p> <p>12 Q. And when were you discharged from the Navy?</p> <p>13 A. In the summer of 1980.</p> <p>14 Q. Okay. And that was honorable?</p> <p>15 A. Right.</p> <p>16 Q. Okay. In 1980 what did you do? What job</p> <p>17 did you take?</p> <p>18 A. I opened my own practice of optometry, a</p> <p>19 private practice here in Opelika.</p> <p>20 Q. And what was the name of that and where was</p> <p>21 it located?</p> <p>22 A. It was just under my name. It was on</p> <p>23 Avenue A.</p>
Page 22	Page 24
<p>1 Q. Okay. And where did you -- what state did</p> <p>2 you sit for initially?</p> <p>3 A. When you're in -- Well, for Alabama, to</p> <p>4 answer your question.</p> <p>5 Q. All right. So did you have to sit for a</p> <p>6 board?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. And you had to when you graduated?</p> <p>9 A. Well, as soon after that as it was offered.</p> <p>10 Q. How long after you graduated was it</p> <p>11 offered?</p> <p>12 A. I think it was either late July or August,</p> <p>13 but I couldn't -- that was 30 years ago.</p> <p>14 Q. All right. And you graduated, I guess, May</p> <p>15 or June?</p> <p>16 A. Early June.</p> <p>17 Q. Okay. Did you pass the exam on the first</p> <p>18 attempt?</p> <p>19 A. Yes, I did.</p> <p>20 Q. Okay. And are you licensed in any other</p> <p>21 states?</p> <p>22 A. No.</p> <p>23 Q. Have you ever attempted to become licensed</p>	<p>1 Q. How long did you practice in that</p> <p>2 arrangement?</p> <p>3 A. It was approximately one year.</p> <p>4 Q. All right. And what did you do after a</p> <p>5 year?</p> <p>6 A. I was offered a position at an office, at a</p> <p>7 practice in -- it wasn't Village Mall</p> <p>8 then. In the mall in Auburn.</p> <p>9 Q. Was that Vision World?</p> <p>10 A. That's correct.</p> <p>11 Q. So that was in 1981?</p> <p>12 A. Yes.</p> <p>13 Q. What made you decide to leave your own</p> <p>14 private practice?</p> <p>15 A. At that time, my wife was helping me, and</p> <p>16 we had a young child and we were going to</p> <p>17 need to do something else. The people</p> <p>18 there asked me if I would come to work for</p> <p>19 them, so I did.</p> <p>20 Q. Okay. And how many other optometry</p> <p>21 practices were there in Auburn-Opelika at</p> <p>22 that time?</p> <p>23 A. Three, I believe.</p>

<p style="text-align: right;">Page 25</p> <p>1 Q. Okay. How long were you at Vision World?</p> <p>2 A. Twelve or 13 years.</p> <p>3 Q. Okay. So until maybe '93 or '94?</p> <p>4 A. Correct.</p> <p>5 Q. What made you decide to leave there?</p> <p>6 A. They did some things I couldn't agree with,</p> <p>7 so I found something else to do.</p> <p>8 Q. Okay. And what do you mean by that?</p> <p>9 A. Well, they had two locations, and they</p> <p>10 wanted to put somebody else in the second</p> <p>11 location that I had been covering for 12 or</p> <p>12 13 years, and that was not going to leave</p> <p>13 me enough to do, so I found something else</p> <p>14 to do.</p> <p>15 Q. Okay. Now, when you say that wasn't going</p> <p>16 to leave you enough to do, what do you mean</p> <p>17 by that?</p> <p>18 A. Well, when I first went to work with them,</p> <p>19 they had three locations, and I was making</p> <p>20 sure that they were covered either by</p> <p>21 myself or someone else. And when that was</p> <p>22 no longer my responsibility and there was</p> <p>23 no discussion about how that would be done,</p>	<p style="text-align: right;">Page 27</p> <p>1 left the Vision World practice?</p> <p>2 A. I'm not sure I understand what you're</p> <p>3 asking.</p> <p>4 Q. That's a bad question. I'm just trying to</p> <p>5 find out. You said several months. Do you</p> <p>6 have any idea of how long it was between</p> <p>7 Vision World and Wal-Mart?</p> <p>8 A. I couldn't tell you an exact number of</p> <p>9 months.</p> <p>10 Q. Okay. Was it more than two?</p> <p>11 A. Yes.</p> <p>12 Q. Was it more than five?</p> <p>13 A. Yes, probably so.</p> <p>14 Q. More than nine?</p> <p>15 A. I couldn't say.</p> <p>16 Q. Okay. So maybe between five and nine?</p> <p>17 Does that sound right?</p> <p>18 A. I would said possibly between six and 12.</p> <p>19 Q. Okay.</p> <p>20 A. I couldn't tell you any closer than that.</p> <p>21 Q. Okay. So what were you doing for a living</p> <p>22 during that time period?</p> <p>23 A. My wife was teaching school at that time,</p>
<p style="text-align: right;">Page 26</p> <p>1 I felt like I was going to find something</p> <p>2 else to do.</p> <p>3 Q. Okay. Were you asked to leave?</p> <p>4 A. No.</p> <p>5 Q. Okay. And where were the three locations?</p> <p>6 A. Auburn and Valley and Selma. But the Selma</p> <p>7 one was closed, so it's not open anymore.</p> <p>8 Q. How long after you left Vision World before</p> <p>9 you joined the Wal-Mart Optometric?</p> <p>10 A. Several months.</p> <p>11 Q. Okay. So what month was it that you left</p> <p>12 Vision World?</p> <p>13 A. I don't recall the exact month.</p> <p>14 Q. Do you remember the time of the year?</p> <p>15 A. Not right off.</p> <p>16 Q. Okay. So you say it was '93 or '94?</p> <p>17 A. Uh-huh (positive response).</p> <p>18 Q. What month did you join the Wal-Mart</p> <p>19 optometry practice?</p> <p>20 A. I'm not sure this is correct, but I think</p> <p>21 it was February.</p> <p>22 Q. Okay. And was it a warm weather month?</p> <p>23 Was it, you know, already fall when you</p>	<p style="text-align: right;">Page 28</p> <p>1 and I was working some at a Pearle Vision</p> <p>2 that was there in the mall at that time.</p> <p>3 Q. Were you an employee of Pearle Vision?</p> <p>4 A. No.</p> <p>5 Q. So how many hours a week were you working?</p> <p>6 A. It depended on how much there was to do.</p> <p>7 Q. Did you have a specified arrangement in</p> <p>8 your contract or -- did you have a contract</p> <p>9 with them?</p> <p>10 A. There was not a contract that dictated that</p> <p>11 I work a certain number of hours.</p> <p>12 Q. Okay. Well, during that period between</p> <p>13 Vision World and Wal-Mart, were you ever</p> <p>14 working 40 hours a week at Pearle?</p> <p>15 A. No.</p> <p>16 Q. And what was the most you worked during one</p> <p>17 week at Pearle?</p> <p>18 A. I would say -- I'm not sure. I also was</p> <p>19 helping -- I was also seeing some patients</p> <p>20 at Medical Arts Eye Clinic.</p> <p>21 Q. Okay. And how often did you do that?</p> <p>22 A. Maybe once or twice a week. That would be</p> <p>23 a half a day at the most.</p>

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<p>1 Q. Okay. What made you decide to join 2 Wal-Mart? 3 A. I went and looked at some of the new 4 operations that they had opened and was 5 very pleased with the service and the cost 6 of the service at their locations, and I 7 thought that that was something that the 8 people in this area would greatly benefit 9 from, and I would like to be a part of 10 doing that. 11 Q. When did the Wal-Mart that you work at 12 open? 13 A. Was it '94? '93 or 4. 14 Q. So was it brand new when you came in? 15 A. Yes. 16 Q. Were you there the first day it opened? 17 A. I was there when it opened. Now, I don't 18 remember what day of the week it opened, so 19 if it opened on Sunday, I wasn't there. 20 Okay? But I was there when the store 21 opened. 22 Q. Okay. Was there another optometrist there 23 working with you?</p>	<p>1 Q. From Wal-Mart? 2 A. There's nothing on -- I don't think there's 3 anything on the money order that says 4 Wal-Mart. It's just a money order like if 5 you went in and got one, except that 6 Wal-Mart is the payor. 7 Q. Okay. Do you have to work a certain number 8 of days per week? 9 A. I have a contract to provide services a 10 certain number of hours a day. 11 Q. How many hours is that? 12 A. It varies from day to day. 13 Q. Okay. Well, what is your contract? We can 14 look at your contract in a minute, but do 15 you know how many hours a day you're 16 supposed to provide services? 17 A. I think -- I'm not sure. I'd have to look 18 on there. 19 Q. All right. 20 A. It's 40 something hours, but I'm not sure. 21 Q. Okay. Can you -- could you subcontract out 22 the optometry work at Wal-Mart if you 23 wanted to? Are you free to do that?</p>
Page 30	Page 32
<p>1 A. No. 2 Q. Is there another optometrist there now? 3 A. No. 4 Q. So it's only been you the entire time? 5 A. Except for when I would have somebody there 6 if I were going to be out of town. 7 Q. Okay. And so you are the optometrist at 8 Wal-Mart unless you're on vacation or out 9 of town, and then somebody covers for you, 10 I guess? 11 A. Uh-huh (positive response). 12 Q. And that's a yes? 13 A. Yes. 14 Q. Okay. Now, how are you compensated? Are 15 you paid by Wal-Mart? 16 A. No. It's an independent contract to 17 provide services, and I pay them a certain 18 amount of rent. 19 Q. Do you get a paycheck? 20 A. No. I get -- the way that it operates is 21 at the end of the day, I'm given a money 22 order for the fees that were collected that 23 day.</p>	<p>1 A. I don't think so. I've never done it, but 2 I don't think so. 3 Q. Does your agreement with Wal-Mart require 4 that you be there a certain number of weeks 5 out of the year? 6 A. Not to my knowledge. 7 Q. Okay. Does your agreement with Wal-Mart 8 require that you be there at a certain time 9 of day? Do you have to be there when it 10 opens, for instance? 11 A. I think probably the easiest way to help 12 you understand that would be to say that we 13 sit down and come up with a mutually 14 agreeable schedule for seeing patients each 15 week. It is not the same every day or 16 every time. 17 Q. Who do you sit down with? 18 A. The representative from Wal-Mart, which 19 would be what they call a district manager. 20 Q. And you meet with this district manager 21 every week? 22 A. No. 23 Q. How often?</p>

<p style="text-align: right;">Page 33</p> <p>1 A. I would say probably once every two months 2 or something to that effect. 3 Q. Is there anybody else that you meet with or 4 report to or whatever? 5 A. They have a regional manager that would be 6 over districts that I probably see once or 7 twice a year. 8 Q. Do you ever have any interaction with the 9 store manager? 10 A. Very little, if any. 11 Q. Okay. Who gives you your money order? 12 A. Well, either I go down to the cash office, 13 and whoever is working there hands it to 14 me, or the manager of the optical part of 15 the vision center goes down there and gets 16 it and brings it to me. One of those two 17 things. 18 Q. Okay. And what time of day do you do 19 that? Typical day. I mean, how late is 20 your optical center open? 21 A. It's open later than I'm there, but I would 22 say the -- for me, it would usually be 23 between 5:30 to six o'clock.</p>	<p style="text-align: right;">Page 35</p> <p>1 to examine eyes. 2 Q. And when you say examine eyes, can you tell 3 me what that means? 4 A. To look at someone and see if their eyes 5 are okay. 6 Q. And so are you looking for problems with 7 their eyes? 8 A. You're looking for -- when the people come 9 in, they are asked why they are there that 10 day. And depending on what they're there 11 for, there is a basic battery of tests that 12 are done on all patients, and then some of 13 the others may require other tests. So 14 there's nothing that's fixed for everybody 15 that comes in. 16 Q. And what are some of the eye problems that 17 you -- that an optometrist is qualified to 18 recognize or diagnose? 19 A. Well, there are all types of books full of 20 things that we're looking for. I don't 21 know that we have time to cover all of the 22 things that would be, you know, answered. 23 But mainly it's things to do with</p>
<p style="text-align: right;">Page 34</p> <p>1 Q. Okay. Who sees patients when you're not 2 there in the evening? 3 A. I'm not -- you're talking about every day? 4 Q. Well, what time do you leave, typical day? 5 A. There's not -- there's not anyone that 6 comes in after me and sees patients. 7 Q. All right. Okay. So how late do you take 8 appointments? 9 A. It varies from day to day. 10 Q. What's the latest appointment? 11 A. 4:45. 12 Q. And are you open on Saturday? 13 A. Most Saturdays. 14 Q. How many days a week do you see patients? 15 A. It would probably total out to be five to 16 five and a half total days. 17 Q. And how many hours a week would you say 18 you're there at Wal-Mart? 19 A. It would vary from week to week, but I 20 would say on the average it's around 45 21 hours. 22 Q. Tell me what an optometrist is exactly. 23 A. An optometrist is a doctor who is trained</p>	<p style="text-align: right;">Page 36</p> <p>1 refractive error, which has to do with how 2 you see, and there's also numerous health 3 problems that can be picked up through the 4 tests that we do. 5 Q. Okay. Now, what kind of health problems 6 can you recognize by examining someone's 7 eyes? 8 A. They sometimes have health problems that 9 are related just to their eyes such as 10 glaucoma or cataracts or other problems 11 such as retinitis pigmentosa or other 12 things. 13 There are other problems that are 14 related to general health problems. You 15 may pick up someone who has diabetes that 16 didn't know it or someone that has a brain 17 tumor that didn't know it. 18 Q. Since you've been an optometrist, has 19 optometry as a field or discipline advanced 20 in the type things optometrists are called 21 upon to do? 22 A. I think that probably has advanced at a 23 rate that would be comparable to all of the</p>

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<p>1 other health care providers; not a whole</p> <p>2 lot more or less.</p> <p>3 Q. Is there anything that you are called upon</p> <p>4 to do as an optometrist that would be an</p> <p>5 expansion of what you were trained to do at</p> <p>6 UAB?</p> <p>7 MR. WHITE: Object to the form.</p> <p>8 You can answer if you</p> <p>9 understand.</p> <p>10 A. There are a lot of advances in equipment</p> <p>11 that's available to test for conditions</p> <p>12 that have been present for decades or</p> <p>13 centuries that might better enable us to,</p> <p>14 you know, diagnose and treat those</p> <p>15 problems.</p> <p>16 Q. All right. Now, when you first became an</p> <p>17 optometrist, was there such a thing as a</p> <p>18 therapeutic license?</p> <p>19 A. That was brought forth after I graduated.</p> <p>20 Q. Okay. What is a therapeutic license?</p> <p>21 A. It's a license to write prescriptions for</p> <p>22 therapeutic drugs.</p> <p>23 Q. Is that how you're licensed? Do you have</p>	<p>1 education?</p> <p>2 A. Yes, I am.</p> <p>3 Q. And have you attended any continuing</p> <p>4 education course in the last five years</p> <p>5 that relates to the recognition or</p> <p>6 diagnosis or treatment of glaucoma?</p> <p>7 A. Yes, I have.</p> <p>8 Q. Okay. Which course was that?</p> <p>9 A. The CE courses are typically set up to deal</p> <p>10 with multiple topics on a given weekend,</p> <p>11 and the last time that we had one that</p> <p>12 involved lectures on glaucoma was in the</p> <p>13 latter part of 2004.</p> <p>14 Q. And where was that?</p> <p>15 A. That one -- I don't remember. I think it</p> <p>16 was at UAB.</p> <p>17 Q. All right. So you said the latter part of</p> <p>18 2004?</p> <p>19 A. It was either that or early part of 2005.</p> <p>20 Q. So it would have been after August 20th of</p> <p>21 2004? Is that fair?</p> <p>22 A. I think so.</p> <p>23 Q. Do you remember what time of the year it</p>
Page 38	Page 40
<p>1 that license?</p> <p>2 A. I have a therapeutic license, yes.</p> <p>3 Q. And is there anything that you had to do to</p> <p>4 become licensed, to get the therapeutic</p> <p>5 license?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. What did you have to do?</p> <p>8 A. When the state law was passed, it was</p> <p>9 contingent upon your taking a certain</p> <p>10 number of CE hours that were applying only</p> <p>11 to that object, to that discussion there,</p> <p>12 and you had to pass the test at the end of</p> <p>13 that to get it.</p> <p>14 Q. And when did you obtain your therapeutic</p> <p>15 license?</p> <p>16 A. I'm not sure. It's been about 25 years, 23</p> <p>17 years, something in that ballpark.</p> <p>18 Q. So it was while you were at Vision World?</p> <p>19 A. Correct.</p> <p>20 Q. And did you pass that test on your first</p> <p>21 attempt?</p> <p>22 A. Yes, I did.</p> <p>23 Q. Are you current with your continuing</p>	<p>1 was when you were in Birmingham if that's</p> <p>2 where it was?</p> <p>3 A. Not right off, no.</p> <p>4 Q. Prior to that course, when was the next</p> <p>5 prior course?</p> <p>6 A. The year before that.</p> <p>7 Q. Okay. That would have been in the latter</p> <p>8 part of '03?</p> <p>9 A. I'm not sure whether it was the latter or</p> <p>10 early. I go to more than one seminar every</p> <p>11 year.</p> <p>12 Q. Okay. And when are the seminars offered</p> <p>13 every year?</p> <p>14 A. They are offered all over the country, and</p> <p>15 they're all at different times, so I really</p> <p>16 couldn't -- you know, they have about six</p> <p>17 weekends of conferences in Birmingham</p> <p>18 alone, as well as all the others all over</p> <p>19 the place.</p> <p>20 Q. The one you went to in the latter part of</p> <p>21 '03 or early '04, was there any discussion</p> <p>22 on the recognition and diagnosis and</p> <p>23 treatment of glaucoma? And by discussion,</p>

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1 I mean was that part of the course
2 materials?
3 A. The one in 2004 that I mentioned earlier,
4 that was the topic.
5 Q. Okay. Prior to August 20th of 2004?
6 A. I'd have to look back. I couldn't say.
7 Q. Okay.
8 A. I couldn't say like this weekend was that,
9 and this weekend was something else. I
10 can't recall.
11 Q. I understand, but do you think there was
12 any --
13 I think you said earlier something to
14 the effect of that there's a broad range of
15 topics at these seminars; is that right?
16 A. They're usually somewhere in the eight to
17 12-hour range, and typically it will be
18 broken up into two-hour segments. So on a
19 given weekend you might talk about glaucoma
20 for two hours or four hours at the most,
21 and you're going to talk about some other
22 topics the balance of the time.
23 Q. Do you remember attending a seminar where

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1 glaucoma was discussed or was a topic prior
2 to August of 2004?
3 A. I have been to many seminars that have that
4 as a topic, but I couldn't give you a date
5 for it.
6 Q. Okay. Have you ever spoken in a seminar?
7 A. No.
8 Q. Have you ever written any scholastic or
9 practice-oriented materials?
10 A. Not -- nothing that was published.
11 Q. Okay. What have you written?
12 A. I haven't -- I don't recall writing
13 anything recently. I haven't -- you know,
14 we have local -- like you'll go down to
15 Montgomery on Tuesday evening to something,
16 and someone will speak down there for an
17 hour or two about a topic.
18 Q. Okay. And did you write anything for that?
19 A. Not in a long time.
20 Q. Okay. Do you remember what topic you may
21 have written on at one time?
22 A. Unh-unh (negative response).
23 Q. That's a no? Okay.

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1 A. No.
2 Q. All right. What is the standard of care
3 for an optometrist in Alabama?
4 MR. WHITE: Object to the form.
5 A. You'd have to ask something more specific
6 than that.
7 Q. Okay. Well, let me show you something I'm
8 going to mark as Plaintiff's Exhibit 1.
9 (Plaintiff's Exhibit 1 was marked
10 for identification.)
11 Q. This is just something that I will
12 represent to you that I pulled off the
13 Board of Optometry, State of Alabama's web
14 site.
15 MR. WHITE: You want to give us a
16 minute to read it? We haven't
17 seen it before today.
18 MR. ADAMS: I sure do. No
19 problem.
20 MR. WHITE: Just take your time
21 and read through that.
22 Q. I'm not worried about '04 and '05. I'm
23 looking at the last one there.

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1 MR. WHITE: You're taking about
2 .06 there at the bottom?
3 MR. ADAMS: Yes, I am.
4 Q. Have you had a chance to read that?
5 A. Not finished yet.
6 Q. Go ahead.
7 MR. WHITE: Are you finished?
8 Okay.
9 Q. Okay. I'm looking at this rule titled
10 630-X-12-.06. Have you ever seen this rule
11 before?
12 MR. WHITE: First of all, can you
13 tell us what this is from and
14 what the source of it is?
15 MR. ADAMS: Sure. As I mentioned
16 earlier, these are the rules
17 for Alabama optometrists as
18 found on the state board of
19 optometry web site. And I'm
20 sorry I don't have an original
21 copy of their rules, but this
22 is printed out.
23 MR. WHITE: This is a printout

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<p>1 from the Internet from what</p> <p>2 you say is a state board of</p> <p>3 optometry web site?</p> <p>4 MR. ADAMS: Yes And, I mean,</p> <p>5 we've been going about an</p> <p>6 hour. If you want to go print</p> <p>7 it yourself, that's fine, or</p> <p>8 we can keep going.</p> <p>9 MR. WHITE: Why don't we do that?</p> <p>10 Let's take a break.</p> <p>11 (Brief recess.)</p> <p>12 Q. (Mr. Adams continuing) Dr. Bazemore, this</p> <p>13 rule -- I'll just refer to it as .06 for</p> <p>14 brevity. Prior to my handing this to you a</p> <p>15 few moments ago, had you ever seen this</p> <p>16 rule before?</p> <p>17 A. I have seen rules about the standard of</p> <p>18 care. I don't know whether I've seen this</p> <p>19 particular one that was filed on this</p> <p>20 date. I couldn't say.</p> <p>21 Q. All right. And during a break just now, I</p> <p>22 understand that your attorneys looked up</p> <p>23 this rule on the Internet; is that correct?</p>	<p>1 his attorneys. Whether we</p> <p>2 asked him to read something or</p> <p>3 asked him not to read</p> <p>4 something is attorney-client</p> <p>5 privilege.</p> <p>6 MR. ADAMS: I'm not asking him</p> <p>7 what you asked him or what you</p> <p>8 said. I'm asking him did he</p> <p>9 read it on the break.</p> <p>10 Q. Did you read over this rule during the</p> <p>11 break?</p> <p>12 A. I've read this, you know, twice now.</p> <p>13 Q. Okay. And prior to today, I believe your</p> <p>14 testimony is you're not sure if you've read</p> <p>15 this before; is that correct?</p> <p>16 A. I have read the standard of care for</p> <p>17 practicing optometry in Alabama.</p> <p>18 Q. All right. But as far as this specific</p> <p>19 rule filed on January 20th, 1992, your</p> <p>20 testimony is you don't know whether you've</p> <p>21 read this rule prior to today or not; is</p> <p>22 that correct?</p> <p>23 A. I think I have read it.</p>
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<p>1 MR. WHITE: Object to the form.</p> <p>2 That's attorney-client</p> <p>3 privilege, and we're not going</p> <p>4 to talk about what we just did</p> <p>5 on a break.</p> <p>6 MR. ADAMS: We can talk about</p> <p>7 whether he read it or not on</p> <p>8 the break.</p> <p>9 MR. WHITE: Talking about whether</p> <p>10 he read it right here. You</p> <p>11 can't talk about what our</p> <p>12 communications were with him</p> <p>13 during your break in our room,</p> <p>14 in closed conference.</p> <p>15 MR. ADAMS: I'm not asking him</p> <p>16 about communication. I was</p> <p>17 going to ask him about what he</p> <p>18 did.</p> <p>19 MR. WHITE: Anything he did in the</p> <p>20 room with us during a break is</p> <p>21 attorney-client privilege. He</p> <p>22 was there in the room with his</p> <p>23 attorneys, communicating with</p>	<p>1 Q. All right. And when did you read it?</p> <p>2 A. I've read it on more than one occasion.</p> <p>3 And the thing is that they change these</p> <p>4 some, and so -- but if this one is from</p> <p>5 '92, I've read it more than once.</p> <p>6 Q. Okay. How often do you refer to the rules</p> <p>7 governing optometrists in Alabama?</p> <p>8 A. I'm not sure what you're asking me.</p> <p>9 Q. Let me -- that's fine. That's not a real</p> <p>10 good question.</p> <p>11 Do you have a copy of the rules, of</p> <p>12 these rules in your practice?</p> <p>13 A. I have access to it over the Internet. I</p> <p>14 don't keep a paper copy.</p> <p>15 Q. Okay. And prior to the break just a few</p> <p>16 minutes ago, have you ever gone on the</p> <p>17 Internet to read the rules?</p> <p>18 A. Yes, I have.</p> <p>19 Q. How many times would you say you've done</p> <p>20 that?</p> <p>21 A. I probably do it about once a year.</p> <p>22 Q. Okay. And for what purpose would you do</p> <p>23 that?</p>

<p style="text-align: right;">Page 49</p> <p>1 A. Just to see if it's been changed any.</p> <p>2 Q. Okay. And when you go on the Internet, are</p> <p>3 you reading the entirety of the rules or</p> <p>4 are you mostly looking for a specific</p> <p>5 rule? I mean, kind of explain what you</p> <p>6 do.</p> <p>7 MR. WHITE: Object to the form.</p> <p>8 A. I can't recall that I read any specific</p> <p>9 ones as far as reading all or some each</p> <p>10 time, because that's not something I did</p> <p>11 yesterday.</p> <p>12 Q. Okay. When you refer to the rules on the</p> <p>13 Internet, is that something you do when the</p> <p>14 need arises, or do you do it for some other</p> <p>15 reason?</p> <p>16 A. I'll look at it periodically to try to make</p> <p>17 sure that it is still the standard of care</p> <p>18 that I understood to be applicable before</p> <p>19 that.</p> <p>20 Q. Okay. And this rule that I'm calling .06,</p> <p>21 failure to meet the standard of care, you</p> <p>22 have had an opportunity to read through</p> <p>23 this, correct?</p>	<p style="text-align: right;">Page 51</p> <p>1 think it's going to have an</p> <p>2 improper effect on discovery.</p> <p>3 So I will be glad to rephrase</p> <p>4 my question.</p> <p>5 MR. WHITE: Great. Thank you.</p> <p>6 Q. Dr. Bazemore, as you sit here today, you're</p> <p>7 not prepared to disagree that this rule is</p> <p>8 applicable to you, correct?</p> <p>9 A. I'm not sure I understand this to be a</p> <p>10 rule.</p> <p>11 Q. All right. Well --</p> <p>12 A. I haven't seen that word on here anywhere.</p> <p>13 Q. All right. Well, that rule is not here,</p> <p>14 but you've had the opportunity to read it,</p> <p>15 correct?</p> <p>16 A. Correct.</p> <p>17 Q. Okay. Do you disagree that this is a</p> <p>18 standard that you must adhere to as an</p> <p>19 optometrist practicing in this state?</p> <p>20 A. I think that this offers a standard of care</p> <p>21 to which we would all strive to at least do</p> <p>22 this if not better.</p> <p>23 Q. Okay. So you agree, then, that it is a</p>
<p style="text-align: right;">Page 50</p> <p>1 A. Correct.</p> <p>2 Q. And do you agree that this is the rule for</p> <p>3 optometrists in Alabama with respect to</p> <p>4 failure to meet the standard of care?</p> <p>5 MR. WHITE: Object to the form.</p> <p>6 A. I'm sorry. Could you repeat that for me</p> <p>7 one time?</p> <p>8 Q. Do you agree that this is the rule with</p> <p>9 respect to failure to meet the standard of</p> <p>10 care for Alabama optometrists?</p> <p>11 MR. WHITE: Let me interpose an</p> <p>12 objection here. And I'm</p> <p>13 not -- our objection is to</p> <p>14 there may be different</p> <p>15 standards of care for</p> <p>16 different circumstances. Now,</p> <p>17 if you're talking about a</p> <p>18 standard of care for a general</p> <p>19 office visit, what should be</p> <p>20 done at --</p> <p>21 MR. ADAMS: I'm going to object to</p> <p>22 your speaking objection.</p> <p>23 Whether intended or not, I</p>	<p style="text-align: right;">Page 52</p> <p>1 minimum standard?</p> <p>2 A. I'm not sure that I could say a blanket</p> <p>3 statement, because I don't know what</p> <p>4 particular instance you're applying the</p> <p>5 standard to. That varies depending on</p> <p>6 what's wrong with the patient.</p> <p>7 Q. Okay. Well, the state regulations with</p> <p>8 respect to optometrists, do you understand</p> <p>9 them to be aspirational goals or minimum</p> <p>10 standards?</p> <p>11 A. I would think that it would be a</p> <p>12 case-to-case thing; that this is not</p> <p>13 something you could say.</p> <p>14 Q. Do you know what I mean by aspirational</p> <p>15 goals?</p> <p>16 A. Something that you would long to achieve?</p> <p>17 Q. Yes, that's fair.</p> <p>18 A. Okay.</p> <p>19 Q. Okay. And you understand what I mean by</p> <p>20 minimum standards?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. Just the very minimum that one</p> <p>23 should expect from an optometrist at an</p>

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<p>1 optometric visit. Is that a fair 2 definition? 3 A. There is no minimum things that should be 4 done at every office visit that comes in. 5 It would vary depending upon the patient's 6 needs. 7 Q. Well, I'll tell you what. I don't know 8 why, but it seems like we're having trouble 9 with this, so let me just -- I'm going to 10 read this into the record, and you tell me 11 if I read anything wrong. Okay? 12 630-X-12-.06, failure to meet standard 13 of care. The board shall consider it 14 unprofessional conduct for a licensee to 15 provide for a patient care that is less 16 than the generally accepted standard of 17 care. This standard of care shall include 18 but not be limited to providing certain 19 minimum testing for the patient when 20 performing a comprehensive eye exam. A 21 comprehensive eye exam shall include any 22 examination wherein a prescription for 23 glasses or contact lenses or necessity</p>	<p>1 case history? 2 A. Yes. 3 Q. Okay. And it must include a determination 4 of refractive error? 5 A. Yes. 6 Q. All right. Let's back up. How do you go 7 about getting a case history? 8 A. It depends on whether it's a new patient or 9 a former patient. New patients are asked 10 to fill out some questions, answer some 11 questions that are on the registration 12 form, and all of the patients, whether 13 they're old or new patients, are given an 14 oral case history. 15 Q. Okay. And do you ask questions of the 16 patients? 17 A. Yes, I do. 18 Q. Okay. What questions do you ask? 19 A. Is this a new patient or an old patient? 20 Q. Well, let's take a new patient first. 21 A. Okay. The questions that they're asked to 22 fill in on the sheet are whether -- well, 23 there's several questions on there. I</p>
Page 54	Page 56
<p>1 thereof is determined. Minimum testing for 2 a comprehensive eye exam shall include a 3 case history, determination of refractive 4 error, binocular vision evaluation, 5 ophthalmoscopy, evaluation of health of 6 external eye and adjacent structures, 7 tonometry or other appropriate glaucoma 8 testing, and such other tests as are 9 necessary under the circumstances. Failure 10 to perform said minimum testing during a 11 comprehensive eye exam shall constitute 12 failure to meet the standard of care. 13 Did I read this paragraph correctly? 14 A. I thought so, yes. 15 Q. Okay. I didn't misstate anything? 16 A. No. 17 Q. All right. And do you agree that this is 18 the minimum that an optometrist should do? 19 A. For a comprehensive eye exam? 20 Q. Yes. 21 A. I would agree with that. 22 Q. Okay. So you agree that minimum testing 23 for a comprehensive eye exam must include a</p>	<p>1 don't have one in front of me. But 2 basically, I'm going to go back through 3 those questions and ask them if there was 4 any -- if there were yeses and nos on that, 5 then I'm going to explore the yeses and see 6 what's going on there. Then I will also 7 ask them some other questions under an oral 8 history and write them down on the actual 9 front exam area of the medical record. 10 Q. All right. And what questions do you ask 11 them on the oral history? 12 A. They're asked if they have been in before, 13 and if so, how long it has been. They are 14 asked why they're there today. Was it time 15 for a routine exam, or are they having 16 problems? If so, what kind of problem are 17 they having? They're asked if they're on 18 any medicine for anything or have any 19 general health problems or if they're 20 allergic to any medicine. They're asked if 21 they've ever had any operations or injuries 22 or infections or surgery on their eyes. 23 They're asked if there's any family history</p>

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<p>1 of eye diseases or blindness in the</p> <p>2 family. They're asked if they have any</p> <p>3 general health problems, and if so, who's</p> <p>4 their medical doctor that treats those and</p> <p>5 what medications they're on and if they're</p> <p>6 allergic to any medicine.</p> <p>7 Let's see. I'm trying to go down the</p> <p>8 list. I think that's about it.</p> <p>9 Q. What about with an existing patient? What</p> <p>10 kind of case history?</p> <p>11 A. My part of asking them questions would be</p> <p>12 the same.</p> <p>13 Q. What about the forms for an existing</p> <p>14 patient?</p> <p>15 A. The medical record part with the exam</p> <p>16 results looks the same either way. They're</p> <p>17 just asked to fill out additional sheets</p> <p>18 for their first visit.</p> <p>19 Q. Okay. What is the purpose of a case</p> <p>20 history?</p> <p>21 A. To identify the problems and needs of the</p> <p>22 patient and to try to remedy those.</p> <p>23 Q. All right. And what kind of problems and</p>	<p>1 Q. Do you subscribe to any publications that</p> <p>2 keep you apprised of new developments in</p> <p>3 the optometric field?</p> <p>4 A. Yes.</p> <p>5 Q. What publications do you subscribe to?</p> <p>6 A. Review of Optometry. American Optometric</p> <p>7 Association has a thing they put out</p> <p>8 monthly, a journal. Optometric</p> <p>9 Management. Vision Monday is another.</p> <p>10 Oh, goodness. Let's see. Which ones</p> <p>11 have I said so far?</p> <p>12 Q. Review of Optometry, American Optometric</p> <p>13 Association publication, Optometric</p> <p>14 Management, and Vision Monday.</p> <p>15 A. Okay. There's another one called 20/20.</p> <p>16 Q. Okay. Anything else that you take?</p> <p>17 A. If so, I can't remember it right this</p> <p>18 minute.</p> <p>19 Q. So of these five publications you listed,</p> <p>20 do you subscribe to all of them?</p> <p>21 A. Yes.</p> <p>22 Q. And is Review of Optometry -- how often</p> <p>23 does that come out?</p>
Page 58	Page 60
<p>1 needs are you looking for?</p> <p>2 A. Any kind they might have.</p> <p>3 Q. Okay. Let me just kind of back up a</p> <p>4 minute. Do you know what the leading</p> <p>5 causes of blindness are, say, in this</p> <p>6 country?</p> <p>7 A. In this country?</p> <p>8 Q. Yes, sir.</p> <p>9 A. It varies from region to region, depending</p> <p>10 on the demographics of the different</p> <p>11 areas. Okay? Right now, probably the</p> <p>12 leading cause in the country as a whole is</p> <p>13 macular degeneration.</p> <p>14 Q. Okay. What else?</p> <p>15 A. Well, that would be the leading one.</p> <p>16 Q. All right. Well, causes, I guess, is what</p> <p>17 I intended to ask. I may not have -- but</p> <p>18 what else is a leading cause of blindness?</p> <p>19 A. Glaucoma would be one of the leaders and</p> <p>20 probably -- I don't know. Past there, I</p> <p>21 would be hesitant to say because they're</p> <p>22 all the time updating that every six months</p> <p>23 to a year.</p>	<p>1 A. Monthly.</p> <p>2 Q. And you said American Optometric</p> <p>3 Association is monthly?</p> <p>4 A. Monthly.</p> <p>5 Q. Optometric Management. How often?</p> <p>6 A. Monthly.</p> <p>7 Q. All right. And Vision Monday?</p> <p>8 A. Monthly.</p> <p>9 Q. And 20/20?</p> <p>10 A. Same, monthly.</p> <p>11 Q. All right.</p> <p>12 A. The Alabama Optometric Association also</p> <p>13 puts out a newsletter that's monthly.</p> <p>14 Q. Now, how often do you read these</p> <p>15 publications? I mean, do you read it cover</p> <p>16 to cover every month?</p> <p>17 A. Probably most of the time.</p> <p>18 Q. Okay. And that would go for all of them,</p> <p>19 all six of them?</p> <p>20 A. (Witness nods head up and down.)</p> <p>21 Q. Is that a yes?</p> <p>22 A. Yes.</p> <p>23 Q. All right. So based on what you were</p>

Page 61	Page 63
<p>1 saying about the leading causes of</p> <p>2 blindness being macular degeneration and</p> <p>3 glaucoma, is it fair to say that two of the</p> <p>4 problems that you are looking for would be</p> <p>5 macular degeneration and glaucoma?</p> <p>6 A. That's correct.</p> <p>7 Q. Okay. And that would be the minimum of</p> <p>8 what an optometrist should do, correct?</p> <p>9 A. Yes.</p> <p>10 Q. And why is it important to recognize</p> <p>11 whether a patient may have glaucoma?</p> <p>12 A. Well, to try to manage it and keep it from</p> <p>13 preventing loss of vision.</p> <p>14 Q. So is it fair to say that you believe that</p> <p>15 if glaucoma goes untreated, it can result</p> <p>16 in blindness?</p> <p>17 A. That's possible.</p> <p>18 Q. And glaucoma, if untreated, can cause nerve</p> <p>19 damage, correct?</p> <p>20 A. That's what the glaucoma is. It has to</p> <p>21 deal with nerve damage.</p> <p>22 Q. Okay. And are you aware of any way -- are</p> <p>23 you aware of any medical treatment to</p>	<p>1 Let me ask you this. What is</p> <p>2 refractive error?</p> <p>3 A. Refractive error means that there is an</p> <p>4 optical problem with your eye that keeps</p> <p>5 the light from focusing on your retina</p> <p>6 properly.</p> <p>7 Q. Okay. And how do you test for binocular</p> <p>8 vision evaluation? How do you do a</p> <p>9 binocular vision examination?</p> <p>10 A. There are several tests that are done for</p> <p>11 that, and you just check to see how they</p> <p>12 use their eyes together.</p> <p>13 Q. And why is that important?</p> <p>14 A. Well, because if they don't use their eyes</p> <p>15 well together, they're missing out on</p> <p>16 having, you know, the depth perception that</p> <p>17 you get with binocular vision, as well as</p> <p>18 their vision may not be as clear.</p> <p>19 Q. Okay. What is an ophthalmoscopy?</p> <p>20 A. Ophthalmoscopy --</p> <p>21 Q. Thank you.</p> <p>22 A. -- is a test where you look into the back</p> <p>23 of their eye through their pupil.</p>
Page 62	Page 64
<p>1 reverse the effects of optical nerve</p> <p>2 damage?</p> <p>3 A. No.</p> <p>4 Q. Okay. How do you determine refractive</p> <p>5 error?</p> <p>6 A. Well, there are several instruments that</p> <p>7 are used for that. There's something</p> <p>8 called an autorefractor and there's</p> <p>9 something called a retinoscope and there's</p> <p>10 something called a phoropter. There's also</p> <p>11 something called trial lenses. All of</p> <p>12 those things are used quite regularly as</p> <p>13 well as some others that are used less.</p> <p>14 Q. Okay. And which ones do you use in the</p> <p>15 normal course of your practice?</p> <p>16 A. All of those.</p> <p>17 Q. Does each patient -- are they tested on</p> <p>18 each one of those?</p> <p>19 A. If they're there for a comprehensive exam,</p> <p>20 they are.</p> <p>21 Q. Okay. And when you are testing for</p> <p>22 refractive error, what are you looking</p> <p>23 for?</p>	<p>1 Q. And what are you looking for there?</p> <p>2 A. Anything out of the ordinary.</p> <p>3 Q. Okay. And what are some examples of things</p> <p>4 out of the ordinary that you might see</p> <p>5 using that test?</p> <p>6 A. You may have macular degeneration we talked</p> <p>7 about earlier. They could have diabetic</p> <p>8 retinopathy. They could have a retinal</p> <p>9 detachment. They could have -- I mean,</p> <p>10 there would be a long, long, long, long,</p> <p>11 long list.</p> <p>12 Q. Could you see -- I'm not sure how to say</p> <p>13 this. Could you see glaukomflecken? I'll</p> <p>14 bet I butchered that. How do you say</p> <p>15 that?</p> <p>16 You're laughing at me, but that's all</p> <p>17 right.</p> <p>18 A. No. I speak southern, so, you know...</p> <p>19 Q. In Atlanta, they think I speak very</p> <p>20 southern.</p> <p>21 Well, what -- can you see that using</p> <p>22 that device?</p> <p>23 A. Can you reword what you're looking for</p>

<p style="text-align: right;">Page 65</p> <p>1 there?</p> <p>2 Q. Well, let me ask you this. I'm going to</p> <p>3 spell it. G-L-A-U-K-O-M-F-L-E-C-K-E-N. Do</p> <p>4 you know what that is?</p> <p>5 MR. WHITE: Spell it again for</p> <p>6 him.</p> <p>7 MR. ADAMS: Sure.</p> <p>8 Q. G-L-A-U-K-O-M-F-L-E-C-K-E-N.</p> <p>9 A. Okay.</p> <p>10 Q. What is that?</p> <p>11 A. It sounds to me --</p> <p>12 MR. WHITE: Hold on. If you know</p> <p>13 what it is, answer the</p> <p>14 question. Don't guess if you</p> <p>15 don't know.</p> <p>16 A. I'm not sure what they're referring to in</p> <p>17 that particular article.</p> <p>18 MR. WHITE: Just for the record,</p> <p>19 you're reading something out</p> <p>20 of an article which you</p> <p>21 haven't presented to him, and</p> <p>22 you just asked him about a</p> <p>23 word in that article.</p>	<p style="text-align: right;">Page 67</p> <p>1 at the school you graduated from?</p> <p>2 A. Professor at UAB.</p> <p>3 Q. Okay. Well, according to his book,</p> <p>4 glaukomflecken -- and I'm going to use a</p> <p>5 word he doesn't use. I would say residue</p> <p>6 of prior glaucoma attacks that appear as</p> <p>7 small gray-white areas just beneath the</p> <p>8 anterior capsule of the lens in the</p> <p>9 pupillary zone.</p> <p>10 Does that sound like something that you</p> <p>11 look for?</p> <p>12 MR. WHITE: Object to the form.</p> <p>13 You want to just show him the</p> <p>14 article?</p> <p>15 MR. ADAMS: I will in a minute.</p> <p>16 I'm really not trying to get</p> <p>17 specifically on this topic</p> <p>18 now. I'm just asking. I'm</p> <p>19 interested in this test and if</p> <p>20 he looks for that test.</p> <p>21 A. Ophthalmoscopy?</p> <p>22 Q. Yes, sir.</p> <p>23 A. You're really not looking at the lens.</p>
<p style="text-align: right;">Page 66</p> <p>1 MR. ADAMS: Yes. It's actually --</p> <p>2 I will present it as an</p> <p>3 exhibit later. It's actually</p> <p>4 a chapter out of a textbook,</p> <p>5 and we'll talk about it later.</p> <p>6 Q. So is it fair to say you're not sure</p> <p>7 whether you can visualize that</p> <p>8 glaukomflecken on an ophthalmoscopy or not,</p> <p>9 correct?</p> <p>10 A. I couldn't say without knowing what they're</p> <p>11 referring to with the glaukomflecken.</p> <p>12 Q. All right. Well, I can represent to you</p> <p>13 that glaukomflecken as defined in</p> <p>14 Dr. Bartlett, who --</p> <p>15 Was he one of your professors at UAB?</p> <p>16 A. No, he wasn't there when I was.</p> <p>17 Q. But you know who Jimmy Bartlett is?</p> <p>18 A. (Witness nods head up and down.)</p> <p>19 Q. Is that a yes?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. And you recognize him as somebody</p> <p>22 competent to write on the subject of</p> <p>23 optometry? You recognize he's a professor</p>	<p style="text-align: right;">Page 68</p> <p>1 You're looking all the way in the back at</p> <p>2 the retina.</p> <p>3 Q. Okay. Thank you. That helps me out.</p> <p>4 Going further in this standard here,</p> <p>5 evaluation of health of external eye and</p> <p>6 adjacent structures. How do you evaluate</p> <p>7 the health of external eye and adjacent</p> <p>8 structures?</p> <p>9 A. I'll look at that with my eyes. I also</p> <p>10 have a little flashlight that I use to look</p> <p>11 at the area, and you also would look at</p> <p>12 some of that with the slit-lamp microscope.</p> <p>13 Q. All right. And what are you looking for?</p> <p>14 A. Again, that's just way too open. There</p> <p>15 would be books full of stuff.</p> <p>16 Q. Okay. Well, let's say if you are concerned</p> <p>17 that someone may be at risk for glaucoma,</p> <p>18 what would you be looking for?</p> <p>19 A. I would look for that in every patient that</p> <p>20 comes in the door. Okay? And you look at</p> <p>21 their iris. You look at their cornea. You</p> <p>22 look at the anterior chamber angle. You</p> <p>23 look at the lens that you were referring to</p>

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<p>1 a minute ago. You check the pressure.</p> <p>2 Q. And you would look for those things in</p> <p>3 every patient that comes through the door</p> <p>4 because glaucoma is a serious eye disease,</p> <p>5 correct?</p> <p>6 A. Correct.</p> <p>7 Q. And it can result in blindness, correct?</p> <p>8 A. It can.</p> <p>9 Q. And irreversible damage to the optic nerve,</p> <p>10 correct?</p> <p>11 A. That's correct.</p> <p>12 Q. Do you ever use gonioscopy?</p> <p>13 A. Yes.</p> <p>14 Q. And what do you use the gonioscopy for?</p> <p>15 A. It's used to examine the anterior chamber</p> <p>16 angle.</p> <p>17 Q. And what are you looking for there?</p> <p>18 A. You're looking for any kind of damage there</p> <p>19 or pigment deposition or anything that</p> <p>20 would be out of the normal.</p> <p>21 Q. What is tonometry?</p> <p>22 A. It measures the pressure inside your eye.</p> <p>23 Q. And what are the different types of</p>	<p>1 A. I use all of them, you know. And it's nice</p> <p>2 to have more than one way to do it because</p> <p>3 you can double check one thing against the</p> <p>4 other on the different types.</p> <p>5 Q. Okay. And you've testified that the</p> <p>6 circumstances under which you would double</p> <p>7 check is if you want to be extra sure of a</p> <p>8 patient's intraocular eye pressure,</p> <p>9 correct?</p> <p>10 MR. WHITE: Object to the form. I</p> <p>11 don't think that's what he</p> <p>12 said.</p> <p>13 A. That's not what I said.</p> <p>14 Q. I didn't say extra sure, so -- or you</p> <p>15 didn't say that.</p> <p>16 Can you tell us again under what</p> <p>17 circumstances you would want to double</p> <p>18 check a patient's intraocular eye pressure?</p> <p>19 A. One, if the reading on the initial test was</p> <p>20 questionable; and two, if they have any</p> <p>21 other signs that would make you extra</p> <p>22 concerned about that.</p> <p>23 Q. And what type of other signs would you be</p>
Page 70	Page 72
<p>1 tonometry?</p> <p>2 A. The three that are used the most are a</p> <p>3 noncontact tonometer, a Tonopen, and a</p> <p>4 Goldmann tonometer.</p> <p>5 Q. And which ones do you use?</p> <p>6 A. I usually use either the Goldmann or the</p> <p>7 air puff. Sometimes I'll do both on the</p> <p>8 same patient.</p> <p>9 Q. Okay. And under what circumstances would</p> <p>10 you do both on the same patient?</p> <p>11 A. If I'm not satisfied with the results from</p> <p>12 the first one, then I'll double check it</p> <p>13 with the other one.</p> <p>14 Q. And why is checking eye pressure important?</p> <p>15 A. It's one of the tests that you use in</p> <p>16 diagnosing glaucoma.</p> <p>17 Q. And when I say eye pressure, you understand</p> <p>18 that to mean intraocular eye pressure?</p> <p>19 A. I assumed that's what you were talking</p> <p>20 about.</p> <p>21 Q. All right. And is one method of tonometry</p> <p>22 more favored than any other in your</p> <p>23 opinion?</p>	<p>1 concerned -- thinking of when you said</p> <p>2 that?</p> <p>3 A. There would be a lot of them. A lot of</p> <p>4 signs.</p> <p>5 Q. All right. What are the signs and symptoms</p> <p>6 of glaucoma?</p> <p>7 A. The optic nerve where the damage occurs,</p> <p>8 you can look back there, and it may be that</p> <p>9 you can see where there's some apparent</p> <p>10 damage that you want to spend a little</p> <p>11 extra time working up. If there's a strong</p> <p>12 family history of glaucoma and you want to</p> <p>13 be extra careful. Things like that.</p> <p>14 Q. What about seeing halos around lights? Is</p> <p>15 that a sign or symptom of glaucoma?</p> <p>16 A. It can be. It's more often something</p> <p>17 else.</p> <p>18 Q. Okay. What else?</p> <p>19 A. Refractive error, cataracts, a scar on</p> <p>20 their cornea. A lot of other reasons for</p> <p>21 it besides that.</p> <p>22 Q. Have you ever had -- Okay. Well, let me</p> <p>23 ask you. You said that it can be a sign</p>

<p style="text-align: right;">Page 73</p> <p>1 and symptom of glaucoma, correct?</p> <p>2 A. Uh-huh (positive response).</p> <p>3 Q. Is that a yes?</p> <p>4 A. I don't see that very much. It can be.</p> <p>5 Q. It can be. All right. So you've stated</p> <p>6 glaucoma is a serious eye disease that can</p> <p>7 cause blindness, correct?</p> <p>8 A. Correct.</p> <p>9 Q. Okay. So is glaucoma something that you</p> <p>10 would want to rule out for a patient</p> <p>11 presenting with seeing halos around</p> <p>12 lights?</p> <p>13 A. Correct.</p> <p>14 Q. And would ruling out glaucoma involve doing</p> <p>15 more than one method of tonometry?</p> <p>16 A. It would depend on the reading that I got</p> <p>17 on the first type. It would depend on the</p> <p>18 appearance of the optic nerve head. It</p> <p>19 would depend on whether they have other</p> <p>20 problems like a cataract or corneal</p> <p>21 scarring or other problems. How open</p> <p>22 their anterior chamber angle is. That's</p> <p>23 not something that you could say for</p>	<p style="text-align: right;">Page 75</p> <p>1 ophthalmologist?</p> <p>2 A. Just every day, yes.</p> <p>3 Q. Okay. And that's because you want to</p> <p>4 prevent serious eye problems; is that</p> <p>5 correct?</p> <p>6 A. That's correct.</p> <p>7 Q. And that's because you recognize that while</p> <p>8 you are an individual, as you testified</p> <p>9 earlier, trained to examine eyes, you</p> <p>10 understand that there are things that an</p> <p>11 ophthalmologist is trained to do that you</p> <p>12 are not qualified or trained to do; is that</p> <p>13 correct?</p> <p>14 A. That's correct.</p> <p>15 Q. Is there any treatment for glaucoma that an</p> <p>16 ophthalmologist is able to provide a</p> <p>17 patient that you are not able to provide a</p> <p>18 patient?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. Tell me about that.</p> <p>21 A. Any surgical procedure that would be</p> <p>22 indicated.</p> <p>23 Q. And what surgeries are used to correct</p>
<p style="text-align: right;">Page 74</p> <p>1 everybody.</p> <p>2 Q. Okay. If a patient presented with seeing</p> <p>3 halos around lights and pain, headaches,</p> <p>4 what would you be concerned with?</p> <p>5 A. I don't think you could tell -- you</p> <p>6 couldn't say anything that -- the same shoe</p> <p>7 doesn't fit everybody. You can't say what</p> <p>8 you would do without having an individual</p> <p>9 there with more input, information than</p> <p>10 what you're giving me.</p> <p>11 Q. And the way you get more input and</p> <p>12 information is to conduct testing; is that</p> <p>13 correct?</p> <p>14 A. That's correct.</p> <p>15 Q. Okay.</p> <p>16 A. And ask questions.</p> <p>17 Q. Under what circumstances would you refer a</p> <p>18 patient like that to an ophthalmologist?</p> <p>19 A. If there were enough findings that were</p> <p>20 positive that that patient might have</p> <p>21 glaucoma, then I would refer them to an</p> <p>22 ophthalmologist.</p> <p>23 Q. Have you ever referred a patient to an</p>	<p style="text-align: right;">Page 76</p> <p>1 glaucoma and intraocular pressure?</p> <p>2 MR. WHITE: Object to the form.</p> <p>3 You're asking about what an</p> <p>4 ophthalmologist does, and I</p> <p>5 don't know that he's qualified</p> <p>6 to answer these questions. If</p> <p>7 you're just asking him if he</p> <p>8 knows, I guess he can answer.</p> <p>9 MR. ADAMS: Sure. You're right.</p> <p>10 Q. Do you know?</p> <p>11 A. I have no reservation about answering that,</p> <p>12 and it would not be any one thing for any</p> <p>13 one patient. It would depend on the</p> <p>14 particular patient.</p> <p>15 Q. Okay. But do you agree that surgery is</p> <p>16 sometimes necessary to correct glaucoma?</p> <p>17 A. Yes.</p> <p>18 Q. Okay. Where it says tonometry or other</p> <p>19 appropriate glaucoma testing, what other</p> <p>20 testing is appropriate to detect glaucoma?</p> <p>21 A. Probably -- well, there's several mainstays</p> <p>22 on that. Okay. One is the pressure in</p> <p>23 your eye, okay, and looking at the optic</p>

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<p>1 nerve as we've already talked about. A</p> <p>2 family history. Their age. Their</p> <p>3 ethnicity. All of these are risk factors</p> <p>4 that you have to take into account when</p> <p>5 you're trying to determine if they have</p> <p>6 glaucoma or not.</p> <p>7 Q. Okay. But as far as tests go, is there any</p> <p>8 test in addition to tonometry that you</p> <p>9 find -- you would believe would be</p> <p>10 appropriate to use in determining glaucoma?</p> <p>11 A. Okay. Like I said, you do the</p> <p>12 ophthalmoscopy where you look with the</p> <p>13 microscope, and it makes their optic nerve</p> <p>14 look larger and you look for any signs of</p> <p>15 damage that might occur from them having</p> <p>16 glaucoma. You also look for any kind of</p> <p>17 problems in the anterior segment, in the</p> <p>18 front part of your eye that would be</p> <p>19 contributing to the problem if there's some</p> <p>20 anatomical problem there. Visual field is</p> <p>21 the test that you use to check for</p> <p>22 peripheral vision loss secondary to nerve</p> <p>23 damage that you get with glaucoma. You</p>	<p>1 Q. On the slit lamp?</p> <p>2 A. Uh-huh (positive response).</p> <p>3 Q. Okay.</p> <p>4 A. And then you would also do the gonioscopy</p> <p>5 after that, too.</p> <p>6 Q. Whether or not it showed up on the --</p> <p>7 A. No.</p> <p>8 Q. -- slit lamp? Okay.</p> <p>9 Well, if a patient presented with</p> <p>10 symptoms of headaches and seeing halos</p> <p>11 around lights, what type of glaucoma would</p> <p>12 you be concerned that the patient might</p> <p>13 have, if any?</p> <p>14 A. That would not be the first thing I would</p> <p>15 look for if they came in with halos.</p> <p>16 Q. What's the first thing you would look for?</p> <p>17 A. The list that we went over before.</p> <p>18 Q. The refractive error?</p> <p>19 A. Refractive error, corneal scarring,</p> <p>20 cataracts, retinal problems in the macula,</p> <p>21 you know, and then the other would be</p> <p>22 the -- the glaucoma would be on down on the</p> <p>23 list as far as frequency of occurrence.</p>
Page 78	Page 80
<p>1 know, there's several -- a lot of tests</p> <p>2 that can be done.</p> <p>3 Q. Okay.</p> <p>4 A. Depends on the individual patient.</p> <p>5 Q. And what would you use to examine the angle</p> <p>6 of the eye?</p> <p>7 A. You can use the slit lamp, you can use the</p> <p>8 gonio lens with the slit lamp, and they now</p> <p>9 have an instrument that is just coming out</p> <p>10 called an optical coherence tomography,</p> <p>11 which is a digital scanning type of thing</p> <p>12 that can take pictures of that.</p> <p>13 Q. Okay. Which works better for examining the</p> <p>14 angle of the eye, the slit lamp or the</p> <p>15 gonioscopy?</p> <p>16 A. The gonioscopy is done as a second</p> <p>17 procedure to the other if you see a problem</p> <p>18 on the first one.</p> <p>19 Q. Okay. Would you use the gonioscopy to</p> <p>20 be -- to satisfy yourself that the patient</p> <p>21 did not have angle closure glaucoma?</p> <p>22 A. If he has angle closure glaucoma, it will</p> <p>23 show up on the first test.</p>	<p>1 Q. And you testified earlier that you -- but</p> <p>2 you would want to satisfy yourself that it</p> <p>3 wasn't glaucoma, correct?</p> <p>4 A. I'm going to test for glaucoma in that</p> <p>5 patient.</p> <p>6 Q. Okay. Are you familiar with any literature</p> <p>7 on the treatment and diagnosis of eye</p> <p>8 disease that says that the puff test</p> <p>9 tonometry is not as reliable as Goldmann</p> <p>10 tonometry?</p> <p>11 A. I have read articles that stated that and</p> <p>12 others that stated that was not true.</p> <p>13 Q. Okay. And as you sit here today, are you</p> <p>14 aware of what the prevailing medical</p> <p>15 opinion is with respect to whether the puff</p> <p>16 test is better or whether the Goldmann</p> <p>17 tonometry is better?</p> <p>18 A. Again, that would depend on who you ask.</p> <p>19 Q. Well, what is your opinion?</p> <p>20 A. I would say, like I said earlier, if</p> <p>21 there's any question about whether one or</p> <p>22 the other is not accurate, I'll do the</p> <p>23 other also on that patient.</p>

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<p>1 Q. So if I understand you right, the slit lamp 2 exam is the primary method that you use. 3 That's the first method you use to examine 4 the angle of the eye, correct? 5 A. Correct. That's done on all patients that 6 are getting a full eye exam. 7 Q. All right. And so if the gonioscopy is the 8 second test you use, is it fair to say that 9 you believe the gonioscopy is a more -- 10 provides a more sophisticated view of the 11 eye? 12 MR. WHITE: Object to the form. 13 Q. I'll rephrase that. Is it fair to say that 14 the gonioscopy, in your view, provides a 15 more detailed and extensive view of the 16 eye? 17 A. Only of one area of the eye. Not of the 18 whole eye. 19 Q. Okay. And what area is that? 20 A. The anterior chamber angle. 21 Q. Okay. And that is the angle where angle 22 closure glaucoma occurs, correct? 23 A. That's correct.</p>	<p>1 MR. WHITE: Let me object to the 2 form of that as being over 3 broad. 4 Q. Okay. Where it says -- and then the last 5 part there says, failure to perform minimum 6 testing -- excuse me -- failure to perform 7 said minimum testing during a comprehensive 8 eye exam shall constitute failure to meet 9 standard of care. 10 You agree that these tests that we 11 spent the last half hour or so talking 12 about here are the minimum? 13 A. Yes. 14 Q. As an optometrist, do you aspire to give 15 your patients the minimum care or do you 16 aspire to give them something greater than 17 the minimum? 18 A. Normally I would do more tests than what 19 they've listed here on the comprehensive 20 eye exam. 21 Q. Okay. And why is that? 22 A. To try to provide good quality of care to 23 the patient.</p>
Page 82	Page 84
<p>1 Q. Okay. Here in this rule and regulation 2 here it says, and such other tests as are 3 necessary under the circumstances. What 4 other tests that we haven't talked about do 5 you use or do you have available in your 6 practice? 7 A. There are a lot of tests that are available 8 in the practice. Can you give me -- narrow 9 the field a little bit on that? 10 Q. I'm not sure I can. I'm just wondering 11 what it might be talking about there. 12 A. I think you would be wise to have a more 13 specific question, you know. I mean, are 14 we talking about how to determine their 15 glasses prescription or to look for, you 16 know, retinal problems or to look for 17 corneal problems? 18 Q. I'm just trying to understand how you 19 interpret this regulation. So if you can 20 think of any other tests that might be 21 necessary under any circumstance, then you 22 can just list them. 23 A. I really couldn't say.</p>	<p>1 Q. Okay. And that's because you understand 2 that patients come to you seeking your 3 expertise for their eye problems, correct? 4 A. Yes. 5 Q. Which could include glaucoma, correct? 6 A. Yes. 7 Q. And other eye problems that could place 8 them at risk for vision loss, correct? 9 A. That would be one of the reasons. That 10 wouldn't be the only reason. 11 Q. Okay. Now, we had some discussion earlier 12 about what this paragraph was, and I 13 represent to you that it is a regulation 14 found and said to be applicable to 15 optometrists in Alabama found on the 16 Alabama State Board of Optometry web site. 17 Whether or not you agree that this is a 18 regulation of the Alabama State Board of 19 Optometry, again, you do agree that this is 20 the minimum -- this lays out the minimum of 21 what an optometrist should do, correct? 22 MR. WHITE: Object. I think he 23 was asked and answered that a</p>

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<p>1 while back. I think we 2 answered that right after we 3 came back in after our break. 4 A. Depends on what the patient is coming in 5 for. 6 Q. You don't disagree with any of this here, 7 do you, that we've just read over? 8 MR. WHITE: Are you talking about 9 .06 again? 10 MR. ADAMS: Yes, I am. 11 A. I think we've -- like we've already 12 answered this before. If they're coming in 13 for a comprehensive eye exam, which is on 14 line four there, then all of these tests 15 should be done. 16 Q. Okay. Good. 17 Now, as a medical professional 18 practicing in the state of Alabama, you're 19 aware that Alabama -- just based on 20 statistics out there, Alabama is deemed to 21 be a good health care state, correct? 22 MR. WHITE: Object to the form. 23 Q. Do you understand what I'm talking about?</p>	<p>1 you're asking him -- 2 MR. ADAMS: That was a horrible 3 question. I'll rephrase it. 4 Q. Do you know whether Alabama is regarded as 5 a state where the availability of quality 6 health care is high or low as compared to 7 other states? 8 MR. WHITE: Object to the form. 9 You can answer if you know or 10 you understand. 11 A. I don't know. 12 Q. Okay. Is it your opinion that -- do you 13 believe patients seeking optometric care in 14 Alabama should expect a level of care that 15 is on par with other states in the U.S.? 16 A. Yes. 17 Q. Okay. And as it relates to other optometry 18 schools, are you aware of UAB's ranking? 19 A. Not for sure. 20 Q. Okay. Are you aware, is it better than 21 average among optometry schools? 22 A. Yes. 23 Q. Okay. Would it be regarded as one of the</p>
Page 86	Page 88
<p>1 A. I haven't read an article on that any time 2 lately. 3 Q. Okay. Well, you are aware -- 4 You've testified that you have lived in 5 Alabama most of your life, correct? 6 A. Correct. 7 Q. And you've testified that you've been 8 practicing optometry for the last 27 years 9 or so in Alabama, correct? 10 A. Correct. 11 Q. Okay. Have you ever seen any literature 12 out there that addresses whether or not the 13 state of Alabama enjoys -- as compared with 14 other states in the U.S., enjoys a good 15 quality available to patients in terms of 16 health care, or is it below, say, what the 17 average -- is it above average or below 18 average in your -- based -- in your 19 understanding? 20 MR. WHITE: Let me object to the 21 question. You started off the 22 question by asking whether 23 he's read anything, and now</p>	<p>1 best optometry schools in the country? 2 A. I couldn't say. 3 Q. All right. So it's fair to say that it's 4 better than average? 5 A. Yes. 6 Q. And you've indicated that that is where you 7 sometimes attend continuing education 8 courses, correct? 9 A. That's correct. 10 Q. Okay. Do you agree that the availability 11 of the instruction in your continuing 12 education courses is high quality? 13 A. Yes. 14 Q. And that the instructors and folks at 15 UAB -- That's a bad way to put that. Let 16 me rephrase it. 17 Do you agree that the faculty at UAB is 18 high quality as compared with instructors 19 at other optometry schools around the 20 country? 21 MR. WHITE: Object to the form. 22 You can answer. 23 A. I couldn't say.</p>

<p style="text-align: right;">Page 89</p> <p>1 Q. Okay. The continuing education that you 2 attend at UAB, do you attend anywhere else? 3 A. I was --I went to New York for one last 4 year. 5 Q. All right. But do you usually go to the 6 ones at UAB? 7 A. I would go there more often than any other 8 one place. 9 Q. All right. Who does those seminars? Is it 10 primarily the UAB professors of optometry? 11 A. They speak, and they also have outside 12 speakers come in. 13 Q. Okay. So as a practicing optometrist, 14 would you agree that the most current 15 information in the field of optometry is 16 made available to you? 17 A. Yes. 18 Q. Okay. And that would be the most current 19 information in the U.S., in the whole 20 United States, is made available to you at 21 UAB in the area of optometry? 22 MR. WHITE: Object to the form. 23 A. I really am not in a position to say. I</p>	<p style="text-align: right;">Page 91</p> <p>1 Q. Well, let me say this. I mean, if I went 2 to an optometrist in Atlanta, would I 3 expect him to be using any different 4 technology, based on your knowledge, than 5 what you offer in your practice? 6 A. I really couldn't say. 7 Q. All right. Let's just say -- are you 8 satisfied that you're employing the most 9 up-to-date and advanced technology for eye 10 care that is available? 11 A. I think for my practice that I have good 12 equipment. 13 Q. Okay. And you -- and that was true in 14 2004, correct? 15 A. Correct. 16 Q. And that was true in August of 2004, 17 correct? 18 A. Correct. 19 Q. I'm just going through my outline and 20 making sure we've covered things so we can 21 move forward. 22 What are the signs and symptoms of 23 angle closure glaucoma?</p>
<p style="text-align: right;">Page 90</p> <p>1 haven't been to the others. 2 Q. Okay. But you take publications that 3 are -- 4 A. Uh-huh (positive response). 5 Q. -- national publications, correct? 6 A. Yes. 7 Q. Okay. And would you say that the 8 information made available to you at the 9 UAB continuing education seminars is 10 current with those publications? 11 A. Yes. 12 Q. Okay. It's not lagging behind? It's not 13 outdated, correct? 14 MR. WHITE: Object to the form. 15 A. Yes. 16 Q. And would you say that the same technology, 17 the same optometric technology is available 18 to you as would be available in any other 19 state -- 20 MR. WHITE: Object to the form. 21 Q. -- just based on your understanding? 22 A. Could you rephrase that? I'm not sure what 23 you're asking.</p>	<p style="text-align: right;">Page 92</p> <p>1 A. Their eye is normally red, their pupil is 2 mid dilated and not very active, their eye 3 is usually very sore, and their pupil -- I 4 mean, and their pressure in their eye is 5 going to be real high, 40 or 50 as opposed 6 to a normal of 15 to 20. 7 Q. Anything else? 8 A. Depending on how long their pressure has 9 been up, their cornea might be a little bit 10 cloudy. That's about all I could say that 11 would be for sure. 12 Q. With angle closure glaucoma, is the 13 pressure constantly up or can it vary? 14 A. That would be on a case-to-case thing. It 15 can vary. 16 Q. It can vary? 17 A. (Witness nods head up and down.) 18 Q. Is that a yes? 19 A. If the pressure is not elevated, then they 20 are not considered to have glaucoma at that 21 point. 22 Q. But your testimony is that with angle 23 closure glaucoma, the pressure in the eye</p>

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1 can vary, correct?

2 A. If the angle is closed, then the pressure

3 will be elevated.

4 Q. Does the angle -- with angle closure

5 glaucoma, is the angle always closed?

6 A. There are different kinds of angle closure

7 glaucoma.

8 Q. Okay. And what are the kinds of angle

9 closure glaucoma?

10 A. You can have a primary kind, you can have a

11 secondary kind, and the secondary kind

12 would be due to various things.

13 Q. Okay. What is primary?

14 A. The angle just closes off because of the

15 anatomical shape of the person's anterior

16 chamber angle.

17 Q. All right. What is secondary?

18 A. It has several different reasons that that

19 could happen.

20 Q. Okay. Can you give me some of them?

21 A. They could have pigmentary glaucoma where

22 it's clogging the trabecular meshwork.

23 They could have an angle recession where

1 A. I couldn't say. It would depend on other

2 things about the patient.

3 Q. Okay. But would you still want to run

4 tests for glaucoma if their history --

5 A. Every patient that comes in gets tested for

6 glaucoma.

7 Q. How is angle closure glaucoma managed?

8 A. That would vary from case to case. I

9 couldn't say.

10 Q. All right. Well, just say primary angle

11 closure glaucoma. How do you manage that?

12 A. It depends on the elevation of the

13 pressure, and I don't manage that. That's

14 up to the ophthalmologist.

15 Q. You would send that person to an

16 ophthalmologist?

17 A. Yes.

18 Q. What about secondary angle closure

19 glaucoma? How is that managed?

20 A. If the pressure is elevated, it goes to the

21 ophthalmologist.

22 Q. And what if the pressure is not elevated at

23 that particular time?

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1 there's damage to the trabecular meshwork.

2 There are others that we can look up if you

3 want to.

4 Q. Well, I'm just asking you the ones you

5 remember as you sit here right now.

6 A. Right.

7 Q. Is that all of them?

8 A. You can have -- anything that got inside

9 your eye, if you had trauma to your eye,

10 and it -- there are other iris and corneal

11 degenerative conditions that release cells

12 that clogup the trabecular meshwork.

13 Q. When is glaucoma an emergency?

14 A. If they came in and the pressure is very

15 high, then I'm going to pick up the phone

16 and call the ophthalmology office and

17 they're going over there then.

18 Q. Okay. And what if they come in and they --

19 their history is that they're having some

20 signs and symptoms of glaucoma, but their

21 pressure is not high? What do you do for

22 that kind of patient? It's not high at

23 that visit.

1 A. And what other signs make you think that

2 they have glaucoma at that point?

3 Q. Well, I'm -- that's a good question. What

4 other signs would there be that would make

5 you be concerned about glaucoma?

6 A. Well, there's a lot of them, you know.

7 We've been through this. But if their

8 optic nerve head shows damage, if their

9 cornea shows damage from the pressure being

10 too high and other things like that that

11 you have to look for as well as just the

12 pressure.

13 Q. All right. Well, you've testified earlier

14 that with angle closure glaucoma, there is

15 a type of angle closure glaucoma where the

16 pressure is not constantly elevated,

17 correct?

18 A. That's right.

19 Q. All right. Would that be what's called

20 acute angle closure glaucoma?

21 A. It would depend on whose book you were

22 reading. The terms primary and secondary

23 include that secondary are due to other

<p style="text-align: right;">Page 97</p> <p>1 secondary causes. Acute just means that 2 the pressure is real high. 3 Q. Well, let me ask you this. What type of 4 glaucoma are you talking about when you say 5 that -- when you say that there is a type 6 of glaucoma where the pressure is not 7 constantly high, it can come and go? What 8 type of glaucoma is that? 9 A. That would usually -- it kind of depends 10 on -- like I said earlier, there's 11 variation in the pressure anyway. But if 12 you have something -- if you're on certain 13 medications that might cause your pupil to 14 be dilated versus not dilated or if you 15 have some -- well, there's a lot of 16 things. I just really couldn't answer that 17 for a blanket statement. 18 Q. All right. You have stated, again, that 19 there is a type of angle closure glaucoma 20 where the pressure is not constantly 21 elevated, correct? 22 A. That's my understanding. 23 Q. Okay. If a patient presents in your office</p>	<p style="text-align: right;">Page 99</p> <p>1 you've never seen before. 2 A. Okay. 3 Q. What would you do? 4 A. I would first of all see what other things 5 might be wrong that would cause the 6 symptoms that you're talking about. Those 7 are not limited to having glaucoma. In 8 fact, that would be down the list of causes 9 for those symptoms. It would be more 10 common for them to have some other problems 11 that would cause that. 12 If I had seen them before, then what I 13 did or didn't do would be based on whether 14 there was continuity from the times before, 15 whether something was changing. 16 Q. Okay. Can glaucoma be managed via 17 self-care at home? 18 A. That would depend on the type of glaucoma. 19 Q. Angle closure glaucoma. Can that be 20 managed at home? 21 A. No. 22 Q. Not via self-care; correct? 23 A. I don't know of any cases where that's</p>
<p style="text-align: right;">Page 98</p> <p>1 with signs and symptoms of glaucoma but not 2 at that particular time elevated pressure, 3 what do you do for that patient? 4 A. Again, it would depend on what other signs 5 and symptoms there were. Okay? And the 6 decision of when to have them back and 7 check for this or that would depend on the 8 other signs and symptoms if the pressure is 9 normal. 10 Q. All right. Well, what if that sign and 11 symptom -- 12 I'm sorry. Did I cut you off? 13 A. Well, I'm just -- you know, I don't know if 14 the pressure -- Well, that's all I know to 15 say. 16 Q. What if the other signs and symptoms are -- 17 include headaches and seeing halos around 18 lights and blurry vision, but the pressure 19 is not high at that particular time? What 20 would you do for that patient? 21 A. Was this a new patient that I've never seen 22 before? 23 Q. Let's take both situations. New patient</p>	<p style="text-align: right;">Page 100</p> <p>1 happened. 2 Q. Okay. If you suspect a patient of angle 3 closure glaucoma, do you -- what do you 4 do? If you suspect a patient of angle 5 closure glaucoma, and you're at the end of 6 the appointment, what next? 7 MR. WHITE: Object to the form. 8 Can you define what you mean 9 by suspect? I mean, I think 10 he's already said what he does 11 when they determine they have 12 glaucoma. 13 Q. All right. If you are of the opinion that 14 they may have angle closure glaucoma, and 15 you're at the end of the appointment, what 16 do you do? 17 A. I'm going to walk in and pick up the phone 18 and call Medical Arts and ask them if he 19 can go over there and let them look at him. 20 Q. Okay. And that's because you understand 21 that angle closure glaucoma is a medical 22 emergency, correct? 23 A. Correct.</p>

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<p>1 Q. Other than loss of vision and damage to the 2 optical nerve, what other harm could come 3 to a patient who is not treated for angle 4 closure glaucoma?</p> <p>5 A. Could you ask me something more specific?</p> <p>6 Q. Yes. Let me back up and say it different. 7 Assuming a patient has angle closure 8 glaucoma, you agree, you've testified 9 earlier, that if they're not treated, they 10 could suffer nerve damage, correct?</p> <p>11 A. Right.</p> <p>12 Q. And they could suffer vision loss, correct?</p> <p>13 A. Correct.</p> <p>14 Q. Okay. And that includes not only loss of 15 visual acuity, but loss of the vision 16 field, correct?</p> <p>17 A. Visual field?</p> <p>18 Q. Yes. Thank you.</p> <p>19 A. Yes.</p> <p>20 Q. Okay. Now, what other medical problems or 21 what other harm could come to that patient?</p> <p>22 MR. WHITE: Talking about as a 23 result of glaucoma?</p>	<p>1 that. And I did not intend for this copy 2 to be so hard to read. It's just the way 3 it came out.</p> <p>4 And obviously, you, of course, 5 recognize that to be the human eye, 6 correct? A diagram of the human eye?</p> <p>7 A. Yes</p> <p>8 Q. Okay. Could you with this pen, please, 9 circle for me the areas of concern, the 10 areas that you would examine for a patient 11 who has -- who presents with some signs and 12 symptoms of glaucoma. With this blue pen 13 would you please circle the areas of the 14 eye that you would want to examine?</p> <p>15 MR. WHITE: Let me object to that 16 on the grounds that -- when 17 you say some signs and 18 symptoms of glaucoma, I 19 don't -- I mean, that's a 20 pretty vague question.</p> <p>21 A. The areas of the eye that we would want to 22 look at if we were concerned with glaucoma 23 would be these areas.</p>
Page 102	Page 104
<p>1 Q. As a result of angle closure glaucoma? And 2 if you want to start out with glaucoma and 3 move to the more specific, that's fine.</p> <p>4 A. Say it one more time.</p> <p>5 Q. Okay. We've already discussed and you've 6 already stated that nerve damage and visual 7 loss can result if angle closure glaucoma 8 goes untreated. What else can happen to 9 that patient that is harmful if the angle 10 closure glaucoma is untreated?</p> <p>11 A. I would need a more specific question than 12 that. I'm not sure what you're asking.</p> <p>13 Q. All right.</p> <p>14 (Brief recess.)</p> <p>15 MR. ADAMS: Let's go back on the 16 record. I am going to mark 17 what I'm going to call 18 Plaintiff's Exhibit 2. 19 (Plaintiff's Exhibit 2 was marked 20 for identification.)</p> <p>21 Q. (Mr. Adams continuing) And Dr. Bazemore, 22 I'm going to hand that to you and your 23 attorney, if you'll just take a look at</p>	<p>1 MR. WHITE: And for the record, 2 you've indicated with your 3 finger, circling the entire 4 eye on the diagram; is that 5 correct?</p> <p>6 THE WITNESS: That's correct.</p> <p>7 Q. All right. Well, if you were concerned -- 8 And you'll have to forgive me. I'm 9 obviously a novice when it comes to 10 understanding the human eye, and you are 11 not. So I am asking you questions that may 12 seem beneath you at times. But if you will 13 please mark the areas of concern, the areas 14 of the eye that you would want to examine 15 if a patient presented with the signs and 16 symptoms of angle closure glaucoma.</p> <p>17 A. (Witness complies.)</p> <p>18 Q. And you have circled the whole eye. 19 Is there a more specific area of the 20 eye that you would want to focus in on if 21 you were concerned that a patient had angle 22 closure glaucoma?</p> <p>23 A. I don't think you could diagnose that</p>

<p style="text-align: right;">Page 105</p> <p>1 unless you looked at all of these areas 2 that I circled. 3 Q. Okay. Where are the angles of the eye? 4 Just circle those for me. 5 A. (Witness complies.) 6 Q. Okay. All right. And if you want to put 7 an A next to those circles for angle of the 8 eye, or would you like me to do that? 9 A. Doesn't matter to me. 10 Q. I just want the record to reflect which 11 circles you are referring to. I wouldn't 12 want your testimony to be inaccurate -- 13 A. (Witness complies.) 14 Q. -- or be misread by anyone. 15 (Plaintiff's Exhibit 3 was marked 16 for identification.) 17 Q. I'll hand you what I'm going to mark as 18 Plaintiff's Exhibit 3. Do you recognize 19 what that is a diagram of? 20 A. Yes. 21 Q. Okay. What is it, please? 22 A. That is a picture of the anterior chamber 23 angle, and in this particular location it's</p>	<p style="text-align: right;">Page 107</p> <p>1 mean to do that. 2 Dr. Bazemore, do you agree that that is 3 your duty? 4 A. I think that that would be agoal of all 5 practitioners. 6 Q. Okay. And that is, in fact, what the 7 profession requires of you, correct? 8 A. Say the first sentence again. 9 Q. Okay. I mean, you've testified earlier you 10 have to have a certain amount of continuing 11 education every year, correct? 12 A. Correct. 13 Q. What is the purpose of continuing education 14 for optometrists? 15 A. To try to keep you abreast of the latest 16 information available to provide eye care 17 to the people. 18 Q. Okay. And it is your duty to stay abreast 19 of such information, correct? 20 A. It's your responsibility. 21 Q. Yes. Okay. And that is in order to best 22 serve the patients that come to you? 23 A. Yes.</p>
<p style="text-align: right;">Page 106</p> <p>1 almost totally closed. 2 Q. Okay. And assuming this depicts someone's 3 eye, what eye problem does that patient 4 have? 5 A. He has a closed angle. 6 Q. Does everyone with a closed angle have 7 angle closure glaucoma? 8 A. I would say that the risk of them having 9 that is extremely high if they have a 10 closed angle. 11 Q. Okay. All right. You can move those 12 aside. Thank you. 13 All right. Let me ask you a couple of 14 questions before we move to the next 15 thing. Do you, Dr. Bartlett, agree that it 16 is your obligation as a practicing 17 optometrist to stay current with the most 18 up-to-date information in your field in 19 order to best serve your patients? 20 MR. WHITE: Object to the form. I 21 believe you referred to him as 22 Dr. Bartlett. 23 Q. I apologize. I probably did, and I didn't</p>	<p style="text-align: right;">Page 108</p> <p>1 MR. ADAMS: Im going to mark this 2 book as Plaintiff's Exhibit 3 4. I'm going to keep this 4 book, but I'm going to give 5 you, Matt, a copy of what I'm 6 reading from. And that's 7 the -- obviously, the title 8 page. 9 (Plaintiff's Exhibit 4 was marked 10 for identification.) 11 Q. Okay. Dr. Bazemore, I'm handing you what 12 I've marked as Plaintiff's Exhibit 4. And 13 I have opened this book -- 14 First of all, take a minute to lookat 15 that, familiarize yourself briefly with the 16 book. And if you need to take a 17 three-minute, off-the-record break to do 18 that, that's fine. 19 MR. WHITE: Are you referring to 20 any specific section? I know 21 the page is opened to primary 22 angle closure glaucoma. You 23 want him to read that or --</p>

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<p>1 MR. ADAMS: Well, we're going to</p> <p>2 go through it in a minute.</p> <p>3 I'm just asking him to -- I</p> <p>4 want him to agree --</p> <p>5 Q. Well, take a look at the book, if you don't</p> <p>6 mind, the front page, whatever. You</p> <p>7 recognize this to be a book for optometry</p> <p>8 students, correct?</p> <p>9 Okay. Let me back up. The title of</p> <p>10 this book is Clinical Ocular Pharmacology,</p> <p>11 Fourth Edition, correct?</p> <p>12 A. That's correct.</p> <p>13 Q. And it is written by a Dr. Jimmy D.</p> <p>14 Bartlett, correct?</p> <p>15 A. There's two names on here.</p> <p>16 Q. Right. He's one of the authors, correct?</p> <p>17 A. Correct.</p> <p>18 Q. And I believe he came up earlier in this</p> <p>19 deposition, and you said you recognized him</p> <p>20 as being a professor of optometry at UAB,</p> <p>21 correct?</p> <p>22 A. That's correct.</p> <p>23 Q. Okay. All right. And you recognize him as</p>	<p>1 IOP occurs --</p> <p>2 And that IOP you agree means</p> <p>3 intraocular pressure, correct?</p> <p>4 A. Yes.</p> <p>5 Q. -- with dilation of vessels at the limbus,</p> <p>6 a steamy cornea, and a mid dilated pupil</p> <p>7 that is nonreactive to light. Symptoms of</p> <p>8 blurred vision, colored rings, halos around</p> <p>9 point sources of light, ocular pain and</p> <p>10 discomfort, nausea and often vomiting.</p> <p>11 You agree that I read that correctly?</p> <p>12 A. Yes.</p> <p>13 Q. Do you agree?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. Do you disagree that these symptoms</p> <p>16 listed are symptoms of acute angle closure</p> <p>17 glaucoma?</p> <p>18 A. I'm sorry. Could you say that again? You</p> <p>19 kind of skipped.</p> <p>20 Q. All right. Do you agree that this list is</p> <p>21 accurate, this list of symptoms of angle</p> <p>22 closure glaucoma --</p> <p>23 A. Yes.</p>
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<p>1 somebody who is an expert in the field of</p> <p>2 optometry?</p> <p>3 A. I recognize him as an instructor in the</p> <p>4 field of optometry.</p> <p>5 Q. Well, I mean, in fact, a professor of</p> <p>6 optometry.</p> <p>7 A. Correct.</p> <p>8 Q. Okay. Do you have an opinion as to whether</p> <p>9 he's a qualified -- as to whether he's well</p> <p>10 qualified in his field? Do you have an</p> <p>11 opinion one way or the other?</p> <p>12 MR. WHITE: Object to the form.</p> <p>13 A. To my knowledge, he's very capable at what</p> <p>14 he does.</p> <p>15 Q. All right. I'd like for you to look at</p> <p>16 page 865, which is open before you,</p> <p>17 please. Under acute angle closure</p> <p>18 glaucoma, do you agree that the first</p> <p>19 sentence there -- I'm going to read it. It</p> <p>20 says, glaucoma is a true ocular urgency.</p> <p>21 Do you see that?</p> <p>22 A. Correct.</p> <p>23 Q. It says, a sudden significant increase in</p>	<p>1 Q. -- is accurate? Okay.</p> <p>2 Next paragraph, it says, the clinical</p> <p>3 examination consists of history taking,</p> <p>4 biomicroscopy, gonioscopy, and tonometry.</p> <p>5 Okay. Do you agree that the clinical</p> <p>6 examination should include those things?</p> <p>7 A. If they already have an angle closure? Is</p> <p>8 that your question?</p> <p>9 Q. If they have these symptoms, do you agree</p> <p>10 that the examination should include those</p> <p>11 things?</p> <p>12 MR. WHITE: When you say these</p> <p>13 symptoms, are you talking</p> <p>14 about all of the symptoms</p> <p>15 listed above?</p> <p>16 Q. Well, any of the symptoms listed above. If</p> <p>17 a patient presents with some -- with one or</p> <p>18 more of these symptoms, do you agree that</p> <p>19 the clinical examination should consist of</p> <p>20 history taking, biomicroscopy, gonioscopy,</p> <p>21 and tonometry?</p> <p>22 A. Not if they don't have all of them.</p> <p>23 Q. Okay. So it's your testimony that a</p>

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1 patient would have to have all of these
2 symptoms for the clinical examination --
3 for it to be required that the clinical
4 examination include history taking,
5 biomicroscopy, gonioscopy and tonometry?
6 A. Correct.
7 Q. Okay. Let's look at the next page, if you
8 would, page 866. I'd like you to look at
9 the second full sentence on that page. Do
10 you see where it says there, is often a
11 history of mild attacks?
12 A. Second -- oh, okay. You're starting down
13 here.
14 That would be what he has in the book.
15 Q. Okay. Do you agree that a history of mild
16 attacks can accompany someone who has acute
17 angle closure glaucoma?
18 A. Often is sort of a wide-open word. My
19 experiences with the angle closures that I
20 have dealt with are that they are an acute
21 problem that they come in the office with,
22 and that's not usually -- prior history is
23 not usually positive.

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1 Q. Okay. But do you agree it is possible that
2 they could come into the office without the
3 symptoms at that moment, but give a history
4 of mild attacks, and that that -- that that
5 history would necessitate you testing for
6 acute angle closure glaucoma?
7 A. I can't answer that the way you're putting
8 it.
9 Q. Okay. Well, let's see --
10 A. There are more specifics to the case.
11 Q. Let's see if I can do better. Do you agree
12 that just because someone doesn't have high
13 intraocular pressure as they sit under an
14 exam at your office, that does not
15 necessarily mean that they do not have
16 angle closure glaucoma?
17 A. Again, that would be a case-by-case thing.
18 You couldn't make a blanket statement about
19 it.
20 Q. Is it possible?
21 A. It's possible, yes.
22 Q. And even though somebody doesn't have high
23 intraocular pressure at the time they sit

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1 for an exam in your office, that does not
2 mean that you shouldn't rule out the
3 possibility of angle closure glaucoma
4 through other testing, correct?
5 A. Angle closure glaucoma is ruled out on
6 every patient that comes in for an exam,
7 whether they have symptoms of it or not.
8 Q. Okay. And that is because angle closure
9 glaucoma can result in blindness, correct?
10 MR. WHITE: Object to the form.
11 Asked and answered.
12 Q. Is that correct?
13 A. I'm sorry. What? What was the question?
14 Q. That's fine. He's right. You have already
15 affirmatively answered that.
16 All right. Let's look at page 869.
17 All right. You see the section there that
18 says, subacute and chronic angle closure
19 glaucoma. You see that section?
20 A. Yes.
21 Q. It says, diagnosis. Okay. And I'm just
22 going to read part of that first
23 paragraph: A subacute angle closure attack

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1 requires prompt diagnosis and appropriate
2 management in part to avoid a possible
3 acute attack in the future. The symptoms,
4 although transient, are similar to those in
5 acute angle closure glaucoma and include
6 red eye, blurred vision, colored rings
7 around lights, tearing, ocular discomfort,
8 and headache located above the eye.
9 Did I read that correctly?
10 A. Yes.
11 Q. Okay. And do you agree that -- do you
12 agree with what I just read?
13 MR. WHITE: Agree that you just
14 read it correctly?
15 Q. Do you agree that what I just read is
16 accurate?
17 A. It would apply in some instances.
18 Q. Okay. Let's break it down. You agree that
19 subacute angle closure glaucoma requires
20 prompt diagnosis, correct?
21 A. Hopefully, it would.
22 Q. You agree that it requires appropriate
23 management, correct?

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<p>1 A. Correct.</p> <p>2 Q. You agree that if it's not managed</p> <p>3 appropriately, possible acute attacks could</p> <p>4 occur in the future, correct?</p> <p>5 A. That's a possibility.</p> <p>6 Q. Okay. You agree that the signs and</p> <p>7 symptoms of angle closure glaucoma include</p> <p>8 red eye? Do you agree with that? I</p> <p>9 believe you've already testified to that.</p> <p>10 A. If the angle is closed when they come in</p> <p>11 the office, their vessels will be dilated.</p> <p>12 Q. Okay. And that results in red eye,</p> <p>13 correct?</p> <p>14 A. Correct.</p> <p>15 Q. You agree that one of the symptoms of angle</p> <p>16 closure glaucoma is blurred vision,</p> <p>17 correct?</p> <p>18 A. Yes, it can -- that could be one of the</p> <p>19 symptoms.</p> <p>20 Q. Okay. And you agree that colored rings</p> <p>21 around lights is one of the symptoms,</p> <p>22 correct?</p> <p>23 A. It can be the symptom of this.</p>	<p>1 taking of the patient's history is</p> <p>2 necessary to examine for angle closure</p> <p>3 glaucoma?</p> <p>4 A. I didn't catch the first part. You said</p> <p>5 something about history.</p> <p>6 Q. All right. Do you agree that an accurate</p> <p>7 and thorough taking of the patient's</p> <p>8 history is necessary to examine for angle</p> <p>9 closure glaucoma?</p> <p>10 A. Yes.</p> <p>11 Q. And you agree that the same is true of</p> <p>12 biomicroscopy?</p> <p>13 A. That's something that should be done on</p> <p>14 every patient.</p> <p>15 Q. Okay. So that's a yes?</p> <p>16 A. Uh-huh (positive response).</p> <p>17 Q. That was a yes?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. And do you agree that gonioscopy is</p> <p>20 necessary in order to do an appropriate</p> <p>21 clinical examination for angle closure</p> <p>22 glaucoma?</p> <p>23 A. It's one of the tests that can be done for</p>
Page 118	Page 120
<p>1 Q. All right. And another way of saying</p> <p>2 colored rings around lights is halos,</p> <p>3 correct?</p> <p>4 A. I guess you would have to ask the patient</p> <p>5 what they meant by that to verify that.</p> <p>6 Q. All right. Further, you agree tearing can</p> <p>7 be a symptom of angle closure glaucoma?</p> <p>8 A. Correct.</p> <p>9 Q. Ocular discomfort can be a symptom?</p> <p>10 A. Yes.</p> <p>11 Q. And headache can be a symptom?</p> <p>12 A. Some -- yes.</p> <p>13 Q. Okay.</p> <p>14 A. It can be.</p> <p>15 Q. All right. Let's move down to the third</p> <p>16 paragraph. You see where it says, the</p> <p>17 clinical examination for both conditions</p> <p>18 consists of history, biomicroscopy,</p> <p>19 gonioscopy, optic disk evaluation,</p> <p>20 tonometry, and visual field testing.</p> <p>21 Did I read that correctly?</p> <p>22 A. Yes.</p> <p>23 Q. Do you agree that an accurate and thorough</p>	<p>1 that. I mentioned earlier a couple of</p> <p>2 other tests that can also be done for that.</p> <p>3 Q. Okay. But are you prepared to say that</p> <p>4 Dr. Bartlett should not have included this</p> <p>5 in his list of necessary examinations?</p> <p>6 A. I think that gonioscopy -- let's see how he</p> <p>7 words this. I don't even -- let's see.</p> <p>8 What's the year on this?</p> <p>9 Q. It's 2001.</p> <p>10 A. Seems like some of the other instruments</p> <p>11 that I mentioned to you were not even</p> <p>12 available at the time this book was</p> <p>13 printed.</p> <p>14 Q. Okay. And do you use any of those</p> <p>15 instruments to view the angle of the eye?</p> <p>16 A. I have a gonioscope. I don't have one of</p> <p>17 the OHT instruments.</p> <p>18 Q. And you had a gonioscope in 2004?</p> <p>19 A. I did.</p> <p>20 Q. All right. Do you agree that optic disk</p> <p>21 evaluation is necessary?</p> <p>22 A. Yes.</p> <p>23 Q. Do you agree that tonometry is necessary?</p>

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1 A. Yes

2 Q. Do you believe that he is referring to puff

3 test tonometry or to applanation or

4 Goldmann tonometry?

5 MR. WHITE: Object to the form.

6 Q. Based on your familiarity with the accepted

7 form and best form of tonometry, what do

8 you think is suggested there?

9 MR. WHITE: Object to the form.

10 MR. ADAMS: He's an optometrist.

11 He can testify.

12 MR. WHITE: You're asking him to

13 read into what he's saying and

14 guess at what his true intent

15 was? That's ridiculous.

16 MR. ADAMS: No, it's not.

17 MR. WHITE: It's absurd is what it

18 is.

19 MR. ADAMS: No. You do your

20 homework, and you'll find out,

21 it's not absurd.

22 MR. WHITE: This man didn't do his

23 homework? That's what you're

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1 saying? The author of this

2 book didn't do his homework?

3 MR. ADAMS: You may not understand

4 the question. Let me rephrase

5 it.

6 Q. In the most current literature, where you

7 see the word tonometry, is that in

8 reference to puff test or to Goldmann

9 tonometry?

10 A. I really --

11 MR. WHITE: Object to the form.

12 A. I really couldn't say unless they specified

13 on there.

14 Q. Okay. You agree that visual field testing

15 is a necessary clinical exam for somebody

16 with the symptoms of angle closure

17 glaucoma?

18 A. I think that if somebody has angle closure

19 glaucoma that I'm going to send them to the

20 ophthalmology clinic, and they're going to

21 discern which tests need to be run on that

22 patient.

23 Q. Okay. How are you going to determine

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1 whether their angle is closed?

2 A. By looking with the slit lamp.

3 Q. But you testified earlier that a gonioscopy

4 is --

5 A. And I was going to say, and if it appears

6 to be narrow with the slit lamp, I'm going

7 to do gonioscopy.

8 Q. Okay. And earlier I asked you did you

9 believe that the writers of this text were

10 wrong to state that a gonioscopy must be

11 one of the tests, and I'm not sure I

12 understood your answer. Is the gonioscopy

13 a necessary test for someone having these

14 symptoms?

15 A. What was the pressure?

16 Q. We're not talking about pressure, as I

17 understand it. We're talking about these

18 symptoms. If they present with these

19 symptoms, one of these symptoms, one or

20 more of these symptoms, is a gonioscopy

21 required?

22 A. It would depend on what other things I did

23 and what symptoms would apply to any other

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1 problems that I had found or did not find

2 on that patient.

3 Q. Okay. So if I understand you correctly,

4 you are -- do I understand you correctly to

5 disagree with the writers of this text that

6 gonioscopy must be a test performed when a

7 patient presents with these symptoms?

8 MR. WHITE: Objection to the form

9 of that. You're paraphrasing

10 something that the book

11 doesn't say.

12 A. It doesn't say that in the book.

13 Q. Well, actually, what it says is the

14 clinical examination for both conditions,

15 referring to both types of angle closure

16 glaucoma, consist. It consists. It will

17 include gonioscopy.

18 A. That's correct.

19 Q. And you will agree with that?

20 A. If they have it.

21 Q. If they have these symptoms.

22 A. No, that's not what it says.

23 MR. WHITE: We're going to have to

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<p>1 agree to disagree over what it</p> <p>2 says.</p> <p>3 Q. All right. Do you agree that the use of a</p> <p>4 gonioscopy better allows you to view the</p> <p>5 angle of the eye?</p> <p>6 A. Well, what do you --</p> <p>7 MR. WHITE: Object to the form.</p> <p>8 A. We've covered this one before, too. I told</p> <p>9 you there were three main things. One was</p> <p>10 with the slit lamp, one was gonioscopy, and</p> <p>11 one was the OHT instrument.</p> <p>12 Q. Of the three, which allows you to view the</p> <p>13 angle of the eye the best?</p> <p>14 A. I would say the OHT instrument.</p> <p>15 Q. Okay. And then what is the second best?</p> <p>16 A. The gonioscopy.</p> <p>17 Q. You've testified earlier that glaucoma is a</p> <p>18 serious medical condition that can result</p> <p>19 in blindness, correct?</p> <p>20 MR. WHITE: Object to the form.</p> <p>21 Asked and answered.</p> <p>22 Q. You haven't changed your mind on that, have</p> <p>23 you?</p>	<p>1 Q. All right. But, now, did you have --</p> <p>2 What did you call it, the OHD?</p> <p>3 A. OHT. I'm not even -- that is an instrument</p> <p>4 that has only come out here in the last</p> <p>5 year or two, so I don't even know if he has</p> <p>6 one up there or not.</p> <p>7 Q. So you didn't have an OHT in 2004?</p> <p>8 A. No.</p> <p>9 Q. All right. But you've already testified</p> <p>10 you had a gonioscopy in 2004?</p> <p>11 A. Right.</p> <p>12 Q. Okay. Do you agree with that statement,</p> <p>13 not -- Let's forget about the OHT for a</p> <p>14 moment. Between the other available</p> <p>15 methods of viewing the angle, do you agree</p> <p>16 that the gonioscopy is the better method</p> <p>17 than the slit lamp?</p> <p>18 A. Right. Then the von Herrick screening</p> <p>19 method. Both of them require the slit</p> <p>20 lamp.</p> <p>21 Q. Okay. All right. Next paragraph. It</p> <p>22 says, even when the anterior chamber angle</p> <p>23 is assessed as being narrow or even</p>
Page 126	Page 128
<p>1 A. No.</p> <p>2 Q. Okay. And that is something that you need</p> <p>3 as an optometrist to rule out when you see</p> <p>4 a patient who has some symptoms of</p> <p>5 glaucoma, correct? You need to rule out</p> <p>6 glaucoma, correct?</p> <p>7 A. I need to rule out glaucoma, yes.</p> <p>8 Q. Okay. And in order to do that, you need to</p> <p>9 view the angle of the eye, correct?</p> <p>10 A. Not necessarily.</p> <p>11 Q. All right. I'd like you to look at the</p> <p>12 first full paragraph in the next column.</p> <p>13 Do you see where it says, evaluation of the</p> <p>14 anterior chamber angle is best accomplished</p> <p>15 by gonioscopy? Do you see that?</p> <p>16 A. I do.</p> <p>17 Q. Do you agree with that?</p> <p>18 A. Just a minute ago, we talked about the</p> <p>19 three most commonly used ways of doing</p> <p>20 that. And like I said, when the book was</p> <p>21 written, they didn't have some of the</p> <p>22 instruments available then that -- so this</p> <p>23 book is not -- it's outdated.</p>	<p>1 dangerously narrow, further information is</p> <p>2 often needed.</p> <p>3 Do you agree with that?</p> <p>4 A. I just have to have a minute to read what's</p> <p>5 there besides that one sentence, because</p> <p>6 that's not all that's involved with it.</p> <p>7 Q. Well, take your time.</p> <p>8 A. Okay. Now go ahead and ask me again,</p> <p>9 please.</p> <p>10 Q. All right. When the anterior chamber is</p> <p>11 assessed as being narrow or even</p> <p>12 dangerously narrow, further information is</p> <p>13 needed, right? Do you agree with that?</p> <p>14 A. Further information before you do what?</p> <p>15 Q. Well, let me just ask you. If you see a</p> <p>16 very narrow angle, may not be closed but</p> <p>17 it's narrow, what do you do?</p> <p>18 A. I am probably going to have that go to</p> <p>19 Medical Arts to see if they want to do a</p> <p>20 prophylactic laser procedure on that.</p> <p>21 Q. And why is that?</p> <p>22 A. Because I'm not allowed to do that</p> <p>23 procedure? Is that what you're asking?</p>

<p style="text-align: right;">Page 129</p> <p>1 Q. No, sir. I'm asking, what are you 2 concerned about that would motivate you to 3 send them to Medical Arts? 4 A. That their angle didn't close off and the 5 pressure go up and they have nerve damage. 6 Q. All right. Have you ever done a pressure 7 gonioscopy? 8 A. Yes. 9 Q. All right. Is that something that was 10 available to you in 2004? 11 A. Yes. 12 Q. Okay. All right. I'd like you to turn to 13 page 870, please, where it says 14 management. You see -- I'll read it: 15 Surgical intervention should be considered 16 for all eyes with subacute angle closure 17 glaucoma. 18 Do you see that? 19 A. Correct. 20 Q. And that involves referral to an 21 ophthalmologist, correct? 22 A. It also had some other stuff after that. 23 Q. Okay. Do you want to talk about the other</p>	<p style="text-align: right;">Page 131</p> <p>1 me, whether they had surgery or not. 2 Q. Correct. So if somebody has subacute angle 3 closure glaucoma, they should be referred 4 to an ophthalmologist. Do you agree with 5 that? 6 It's not in the book. I just said it. 7 A. I'm just trying to look at where you're 8 taking this sentence out of again. 9 Okay. Now if you'll ask me that again, 10 please. 11 Q. If a patient has subacute angle closure 12 glaucoma, they should be referred to an 13 ophthalmologist, correct? 14 A. Yes. 15 Q. Okay. All right. 16 MR. ADAMS: Do you want to take a 17 snack break? 18 MR. WHITE: Yeah. What time is 19 it? 20 (Brief lunch recess.) 21 Q. (Mr. Adams continuing) Dr. Bazemore, as 22 far as documentation goes, can you tell me 23 why you document the treatments given?</p>
<p style="text-align: right;">Page 130</p> <p>1 stuff? 2 MR. WHITE: Well, I think his 3 point is you can't just take 4 one -- 5 A. Out of context. 6 MR. WHITE: -- sentence and take 7 it out of context. I mean -- 8 MR. ADAMS: Well, I think that's a 9 pretty straightforward 10 sentence. No conditions in 11 that sentence. 12 MR. WHITE: Well, it's under 13 management, and it's talking 14 about all different kinds of 15 management. So -- I don't 16 know what would -- I mean, I 17 think we can agree those words 18 are written in this book. 19 Q. All right. Do you agree that if a patient 20 has subacute angle closure glaucoma that 21 surgical intervention should be considered? 22 A. That patient would be referred to Medical 23 Arts, and it would be up to them, not to</p>	<p style="text-align: right;">Page 132</p> <p>1 A. I'm sorry. You asked why do I document? 2 Q. Yes. 3 A. So next time I'll know what I did the time 4 before. 5 Q. Okay. And why is that important? 6 A. Well, number one, it will help me 7 understand, if the patient is in the office 8 with a problem, whether it's a new or an 9 old problem; whether there have been 10 changes since that time or not. 11 Q. And do you document everything or just some 12 of what you do? 13 Let me back up. That's kind of a bad 14 question. 15 A. You'll have to be more specific. 16 Q. If you perform a test or an exam, are you 17 going to document in some way that you did 18 that test or exam? 19 A. There are certain exams that you would 20 document by not writing anything down that 21 was a result of the test other than that 22 you did it, and that would be that it was 23 normal.</p>

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<p>1 Q. Okay. So any test you do, there would be</p> <p>2 some notation of some sort, some marking of</p> <p>3 some sort that that test was, in fact,</p> <p>4 performed, correct?</p> <p>5 A. Yes, to the best of my knowledge.</p> <p>6 Q. And is that a standard that you adhere to?</p> <p>7 A. I attempt to.</p> <p>8 Q. Okay. And have you ever heard of the</p> <p>9 standard for medical documentation that if</p> <p>10 it's not documented, it's not done?</p> <p>11 MR. WHITE: Objection to form.</p> <p>12 Q. Have you ever heard of that?</p> <p>13 A. If so, I don't recall.</p> <p>14 Q. Okay. But whether you've heard of that or</p> <p>15 not, you agree that if you perform a test,</p> <p>16 it is -- Well, let me back up.</p> <p>17 Your testimony is if you perform a</p> <p>18 test, you're going to document in some way</p> <p>19 that you performed it?</p> <p>20 A. And one method of documenting would be to</p> <p>21 not put anything down.</p> <p>22 Q. But I thought you said that you -- explain</p> <p>23 that.</p>	<p>1 unintentionally.</p> <p>2 MR. WHITE: I would state for the</p> <p>3 record that these -- the</p> <p>4 medical -- the first four</p> <p>5 pages seem to be fairly clear,</p> <p>6 but the pages after that are</p> <p>7 very poor copies.</p> <p>8 MR. ADAMS: Im going to ask him</p> <p>9 what they are. Those are</p> <p>10 copies you provided, so...</p> <p>11 MR. WHITE: If that's all the</p> <p>12 copies you've got, we'll be</p> <p>13 glad to make you better copies</p> <p>14 from the originals.</p> <p>15 MR. ADAMS: Okay Might take you</p> <p>16 up on that. We'll just see.</p> <p>17 Q. All right. Well, first of all, thumb</p> <p>18 through this, the first four pages, if you</p> <p>19 would, please. What do you recognize this</p> <p>20 to be?</p> <p>21 A. The medical records from the visits, the</p> <p>22 office visits on Kyle.</p> <p>23 Q. And you recognize -- so you recognize</p>
Page 134	Page 136
<p>1 A. There are certain tests that are on there</p> <p>2 that are done by everyone, that are done on</p> <p>3 everyone, and it may just say normal.</p> <p>4 Q. Okay. But nonetheless, it does say</p> <p>5 something? Like I said, there's some type</p> <p>6 of demarcation on the page that it was</p> <p>7 done, correct?</p> <p>8 A. Is there some specific question about this</p> <p>9 that we're trying to get to?</p> <p>10 Q. No. I'm just asking a general question,</p> <p>11 and I'm permitted to do that.</p> <p>12 A. Yeah. I'm just trying to understand. The</p> <p>13 testing results should be on the medical</p> <p>14 record.</p> <p>15 Q. Okay. Thank you.</p> <p>16 (Plaintiff's Exhibit 5 was marked</p> <p>17 for identification.)</p> <p>18 Q. I'm going to hand you what I've marked as</p> <p>19 Plaintiff's Exhibit 5.</p> <p>20 MR. ADAMS: These are just his</p> <p>21 treatment notes. And I</p> <p>22 actually put them together in</p> <p>23 a reverse order</p>	<p>1 Plaintiff's Exhibit 5, at least with</p> <p>2 respect to the first four pages, to be your</p> <p>3 treatment notes, if you will, for Kyle</p> <p>4 Bengtson?</p> <p>5 A. They are testing notes.</p> <p>6 Q. Okay. All right. That was my next</p> <p>7 question, how do you refer to them. Okay.</p> <p>8 The testing notes. Okay.</p> <p>9 And I would like us to just go through</p> <p>10 what we're looking at here, if you will.</p> <p>11 Now, if you'll go to the fourth page</p> <p>12 there. Like I said, I unintentionally put</p> <p>13 them in the wrong order.</p> <p>14 The March 24th, 2000 note, is that what</p> <p>15 you're looking at?</p> <p>16 A. Right.</p> <p>17 Q. Okay. And you agree this is for Kyle</p> <p>18 Bengtson, correct?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. And just, if you will, take me</p> <p>21 through what we're looking at here as far</p> <p>22 as the top line. That's just -- you're</p> <p>23 identifying Kyle Bengtson, his date of</p>

<p style="text-align: right;">Page 137</p> <p>1 birth, his age, the fact that he's a male, 2 and he's white; is that correct? That's on 3 the left side of the page, top left; is 4 that correct? 5 A. Correct. 6 Q. All right. And moving to the right at the 7 top, you're identifying the date you're 8 performing this test, correct? And then 9 his address, phone number, and that kind of 10 identifying information, right? 11 A. Yes. 12 Q. All right. Now, tell me what it says -- it 13 has uncorrected habitual RX or corrected as 14 best I can read it. What does that mean? 15 A. That would be the prescription that he 16 normally wears. 17 Q. And on this visit, can you tell whether or 18 not he was wearing any eyeglasses? 19 A. He wasn't at that time. 20 Q. Okay. Ordinarily would you circle 21 uncorrected for that? 22 A. For? 23 Q. For not wearing --</p>	<p style="text-align: right;">Page 139</p> <p>1 layman's terms, if you will. 2 A. Okay. 20/60 means that in order for him to 3 be able to see that with his right eye, it 4 needs to be three times as big as it would 5 be if it was 20/20 vision in that eye. 6 Q. Okay. And then moving on down, the next 7 one is what? OS? 8 A. OS is the left eye. 9 Q. Okay. And that was 20/50, and he missed 10 one letter; is that correct? 11 A. Correct. 12 Q. Okay. And you have the word none in 13 there. What does that mean? 14 A. He didn't have a habitual RX. 15 Q. Okay. At this time, based on what you've 16 seen at the top here, just doing the visual 17 acuity test, does he need glasses at this 18 point or can you tell yet? 19 A. I couldn't tell yet. 20 Q. Okay. And then where it says history -- 21 HX stands for history, correct? 22 A. Correct. 23 Q. All right. And last exam date, what did</p>
<p style="text-align: right;">Page 138</p> <p>1 A. For the fact that he doesn't wear glasses? 2 Q. Right. 3 A. That doesn't have anything to do with that. 4 Q. What does uncorrected mean? 5 A. That has to do with his distance acuity, 6 and in that case it would be without a 7 correction. 8 Q. I see. Okay. Thank you. 9 And the VA stands for visual acuity; is 10 that right? 11 A. Correct. 12 Q. The OD stands for right eye; is that 13 correct? 14 A. Yes. 15 Q. And what do you have there? 60-1? Is that 16 what that is? 17 A. That's correct. 20/60, and he missed one 18 letter on that line. 19 Q. Okay. And what does 20/60 mean? 20 A. That's the line of a certain size on the 21 chart. 22 Q. Yeah, but what does 20/60 represent? That 23 means he sees at -- Explain 20/60 in</p>	<p style="text-align: right;">Page 140</p> <p>1 you write there? 2 A. Never had one. 3 Q. Okay. And then reason for visit. Can you 4 interpret those, what you've written there? 5 A. Routine exam. Having problems seeing far 6 away. 7 Q. And then below that, is that a CC? 8 A. Correct. Chief complaint. 9 Q. And what have you written there? 10 A. Decreased distance vision noticed last 11 several weeks. Near vision is okay. 12 Q. Okay. And then to the right of there, you 13 didn't mark anything because he's not on 14 any medications or drug allergies? 15 A. Actually, at this visit, he would have 16 filled out a sheet like this. 17 Q. Okay. 18 MR. WHITE: And you're pointing to 19 the fifth page in that 20 document which is marked 21 Plaintiff's Exhibit 5. 22 Q. Okay. And so you know the answers to those 23 questions because of the history, the</p>

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<p>1 written history questions he would have 2 filled out; is that right? 3 A. Correct. 4 Q. Okay. And then the next line, what does 5 that say? Looks like cover -- 6 A. Cover test. 7 Q. Okay. What is a cover test? 8 A. It's a muscle balance test to see how well 9 he uses his eyes together. The circle at 10 the top is without correction. And 11 ortho/ortho would be normal for distance 12 and for near, if he's looking far away or 13 looking up close. 14 Q. All right. So how do you do the cover 15 test? 16 A. There's a little cover paddle, what we call 17 a cover paddle that we use. You block one 18 eye and then block the other eye and then 19 do some other things to ascertain how well 20 he uses his eyes together. 21 Q. Okay. Under that, what is that? 22 A. Vergences is a test where you use some 23 prism to see -- if he does have a defect on</p>	<p>1 you look up close. That's six centimeters. 2 Q. And is that normal? 3 A. Yes, that would be normal. 4 Q. All right. And then pupils, what do you 5 have there? 6 A. Pupils equally reactive to light and 7 accommodation. And the other says negative 8 MG, which stands for Marcus Gunn, which is 9 a pupillary defect if you have optic nerve 10 damage. And it was normal. 11 Q. Okay. And then we have -- explain the 12 next -- actually, there's a mark over in 13 the right -- on the right side of the 14 page. What does that mean? 15 A. That has to do with something else. That's 16 plus a half, which means that with the 17 lenses that he had, he read 20/20 right 18 under there, that -- the lenses that were 19 obtained through the testing procedures. 20 And the plus a half means that if you 21 changed the lens by that much that it made 22 it blurry. 23 Q. Okay.</p>
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<p>1 the cover test, it helps you tell how well 2 he compensates for that on his own. 3 Q. Okay. But his cover test was normal, so 4 you didn't do that, right? 5 A. That's correct. 6 Q. What's the next thing? 7 A. External. 8 Q. Okay. And what does that say? 9 A. Within normal limits both eyes. 10 Q. Okay. And what is the external? 11 A. You're looking at the outside part of his 12 eye on the lids and lashes and also at the 13 front surface of the eye. 14 Q. All right. What's the next thing down 15 there? 16 A. Versions. That has to do with how well you 17 can move your eyes in all directions. 18 Q. Okay. 19 A. And it was full, which means they can move 20 in all directions. 21 Q. And what is that next line? 22 A. Near point of convergence, which has to do 23 with how far in you can turn your eyes when</p>	<p>1 A. It's just to help assure the accuracy of 2 the reading that you got. 3 Q. All right. Under that, you have right eye, 4 left eye again, and looks like some visual 5 acuity numbers. Can you interpret all of 6 that? 7 A. Right here, the first part is clear in both 8 eyes. What that does is there's an 9 instrument called a retinoscope, and it 10 shoots light through your pupil, and you 11 can see the reflex in your pupil. If there 12 are any defects in the media of the eye as 13 you go through your cornea and your lens 14 and everything, then this would not be 15 clear. It would be hazy or fuzzy. So his 16 was clear in both eyes. The next part 17 where it says subjective is the reading 18 that was obtained as far as doing the tests 19 for glasses prescription. 20 Q. Okay. And then under visual acuity, what 21 is that? 22 A. 20/20 right eye and left eye. 23 Q. Okay. So with these prescriptions, he's</p>

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1 now at 20/20; is that right?

2 A. That's correct.

3 Q. And then what are the other -- the next

4 line down, what does that stand for? What

5 is that?

6 MR. WHITE: Talking about color

7 vision?

8 A. Color vision, he missed zero with both

9 eyes.

10 Q. I'm sorry. I'm still up just below the

11 left eye thing. It's like -- my copy is

12 bad. Looks like myopic perhaps? Right

13 under where you've written clear. Oh, your

14 copy is much better. Yeah. Myopic,

15 biopic. Is that what that says? Right

16 here.

17 A. No, that's a testing procedure that you use

18 to determine their glasses prescription.

19 Q. Okay. And you didn't have to do that test

20 in this case; is that correct?

21 A. We did it, but it's incorporated into these

22 findings up here.

23 Q. I see. Okay. Across from those words,

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1 what do we have there? Looks like --

2 MR. WHITE: MA? No.

3 Q. What is that?

4 MR. WHITE: NHA. What is that,

5 doctor?

6 A. PHA. Again, it's another -- it's

7 another -- PHA stands for pinhole acuity.

8 You use that sometimes if their vision is

9 not corrected well with lenses to see if

10 they can see any better through a little

11 pinhole, or whether there's some other

12 problem that's limiting the vision.

13 Q. What is NHA?

14 A. Near.

15 Q. All right. On down from there, what's the

16 next line? What does that say?

17 A. Show me where you're talking about.

18 Stereopsis. It's a depth perception

19 test.

20 Q. Okay. And was it not necessary to do that

21 on him --

22 A. It wasn't done.

23 Q. Okay. And then going over to the right,

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1 looks like MISC. What is that? What does

2 all that stand for?

3 A. This is -- the C-FTFC part there is

4 confrontation full to finger count. That's

5 a peripheral vision screening. And the

6 right eye and the left eye, all the

7 quadrants were normal.

8 Q. Okay. And then color vision?

9 A. No misses on that. That's with both eyes

10 Q. Okay. And then under that, what is that

11 word?

12 A. The one to the left-hand side of the page

13 is keratometry.

14 Q. Okay.

15 A. It measures the curvature on the front

16 surface of your eye.

17 Q. Okay. And what are you finding there for

18 his right eye and his left eye?

19 A. It's within normal range.

20 Q. Okay. And what is this marking over to the

21 right that you have? What does that mean?

22 A. Volk 90 and IO mean -- that means that we

23 looked in the back of his eye with a Volk

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1 90 lens and with an indirect

2 ophthalmoscope.

3 Q. And why would you do that?

4 A. That's done on everybody.

5 Q. And what are you testing for?

6 A. You're looking anywhere from the front

7 surface of their eye all the way to the

8 back, and you look and see if you see any

9 problems.

10 Q. Okay. All right. The SLE there. That's

11 slit lamp exam?

12 A. Right.

13 Q. And what have you written there?

14 A. That has one to one half grade three angle

15 in both eyes, and WNL would be within

16 normal limits for the eyes and the lids.

17 And then it says OU out to the side, which

18 is both eyes.

19 Q. Okay. And then to the right of there, what

20 is that?

21 A. That has to do with retinal findings. It

22 has to do with cup-disk ratio and the fovea

23 and the general retinal area and the

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1 arterial/venous ratio, various things
 2 Q. Okay. What are you testing for there?
 3 A. Any type of abnormality that you might see.
 4 Q. Okay. So what does that test consist of?
 5 A. You're looking inside their eyes with
 6 the -- those two lenses that were on the
 7 left-hand side of that entry.
 8 Q. Okay.
 9 A. You look -- the Volk 90, you look with the
 10 slit lamp. The other one you look with a
 11 hand-held instrument, the indirect
 12 ophthalmoscope.
 13 Q. Okay. Below that it says tonometry; is
 14 that correct?
 15 A. Correct.
 16 Q. NCT. Is that the puff test?
 17 A. That's noncontact tonometry.
 18 Q. Is that what a puff test is?
 19 A. Yes.
 20 Q. And what does that say next to that?
 21 A. At three o'clock p.m., and then the
 22 readings were 17 for the right and 16 for
 23 the left.

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1 Q. Okay. And what does that say to the right
 2 up there?
 3 A. A for assessment, compound myopic astigmat
 4 both eyes.
 5 Q. And then the plan for Kyle was what?
 6 A. RX glasses for distance vision only.
 7 Recheck in a year.
 8 Q. Okay. And is this the right eye
 9 prescription and the left eye prescription?
 10 A. Right's on the top.
 11 Q. Okay. And you've signed it; is that
 12 correct?
 13 A. Correct.
 14 Q. And has anybody else signed it there?
 15 A. No.
 16 Q. Looks like somebody's signature and then
 17 your signature perhaps.
 18 A. Where is that?
 19 Q. Well, I don't know. What's that?
 20 A. Recheck one year.
 21 Q. I see. Okay.
 22 All right. Let's go to the next one.
 23 You agree that the next page up is October

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1 the 2nd, 2001 for Kyle Bengson, correct?
 2 A. Correct.
 3 Q. All right. And then the visual acuity is
 4 apparently --
 5 Under visual acuity, are you testing
 6 him corrected or uncorrected at this point?
 7 A. It's on the uncorrected side there.
 8 Q. I see. Where would it be -- okay. The
 9 habitual RX, that means he wears glasses,
 10 right?
 11 A. Right. That would be the pair of glasses
 12 that he got on the previous office visit.
 13 Q. Okay. So he's being tested with his
 14 glasses on?
 15 A. No. That entry to the left-hand side of
 16 that area is without them.
 17 Q. I see. Okay.
 18 A. If it was with them, it would be to the
 19 right-hand side of that line.
 20 Q. Okay. So how has his vision changed since
 21 March of 2000?
 22 A. It's very close.
 23 Q. Is it better or worse --

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1 MR. WHITE: Just for the record,
 2 you're saying from March of
 3 2000 until October of --
 4 October 2nd, '01?
 5 MR. ADAMS: Right.
 6 MR. WHITE: Okay.
 7 Q. You said it's very close?
 8 A. Uh-huh (positive response).
 9 Q. Okay. Is it better or worse?
 10 A. It's about the same.
 11 Q. All right. So you've got 20/60 in the
 12 right eye, correct?
 13 A. Correct.
 14 Q. The SPH there, what does that mean?
 15 A. Sphere.
 16 Q. And you've got a negative .50? What does
 17 that mean?
 18 A. That's the strength of the lens as far as
 19 the spherical part.
 20 Q. All right. And the CYL, what does that
 21 stand for?
 22 A. That's cylinder.
 23 Q. Okay.

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1 A. That has to do with the correction for
 2 astigmatism.
 3 Q. Okay. And then axis, what does that mean?
 4 A. That has to do with the correction for
 5 astigmatism also.
 6 Q. All right. And what is axis 95? What does
 7 that mean?
 8 A. It has to do with the orientation of the
 9 difference in the power for the correction
 10 for astigmatism.
 11 Q. So going back to the March exam, how would
 12 you describe Kyle's eye health at the time
 13 he was at your office?
 14 MR. WHITE: Talking about the
 15 March 2000?
 16 MR. ADAMS: Yes.
 17 Q. In March 2000.
 18 A. There were no abnormalities found.
 19 Q. Okay. So he's basically got healthy eyes
 20 at this point?
 21 A. Uh-huh (positive response).
 22 Q. With a need for a mild prescription; is
 23 that fair?

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1 A. His distance vision was a little bit off.
 2 Q. Okay. All right. And then you've
 3 indicated that in October of 2001 that it's
 4 about the same, correct?
 5 MR. WHITE: Talking about his
 6 vision? You say it.
 7 MR. ADAMS: Well, I'm --
 8 Q. Yeah. I'm talking about his vision
 9 generally.
 10 A. His glasses prescription?
 11 Q. Yes. Just --
 12 A. It's very similar.
 13 Q. Okay. The reason he says -- what does that
 14 say there? Reason -- I'm not quite sure...
 15 A. Reason, wants contact lenses. That's why
 16 he was there. And then it says, never worn
 17 right above that.
 18 Q. And what do you take that to mean, the
 19 never worn?
 20 A. He's never worn contact lenses.
 21 Q. All right. And then on history, just
 22 interpret everything you've written there,
 23 please.

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1 A. No general health problems. He's not on
 2 any medicine. He's not allergic to any
 3 drugs that he's aware of, and there's no
 4 ocular history of him having any eye
 5 problems or any diseases or blindness in
 6 the family.
 7 Q. All right. And then where it says under
 8 last eye exam, it says -- looks like
 9 last -- what does that say? Check? Can
 10 you interpret --
 11 A. Last checkup. That's what that means.
 12 Q. All right. And what does it say?
 13 A. 3/24/2000 was the date for the last
 14 checkup.
 15 Q. All right. Last checkup, and then it says
 16 what, new glasses?
 17 A. New glasses then. Wears as needed, PRN.
 18 Q. Okay. Chief complaint is what?
 19 A. Wants contacts. Never worn.
 20 Q. All right. Cover test is --
 21 A. Normal.
 22 Q. -- normal again. And then the EXT, what
 23 does that say there?

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1 A. That was the external part of your eye.
 2 Q. Okay. And how --
 3 A. Normal.
 4 Q. Okay. And then versions, what does that
 5 say?
 6 A. Full in all fields of gaze.
 7 Q. NPC?
 8 A. Near point of convergence, it was six
 9 centimeters.
 10 Q. Same as before?
 11 A. I think the last time it was six or seven.
 12 Yeah, six.
 13 Q. Pupils?
 14 A. Were normal.
 15 Q. And then under that is ACC? Is that what
 16 that is?
 17 A. Accommodation was not attempted. It has to
 18 do with his ability to shift his focus to
 19 up close, but he wasn't having any problems
 20 with that.
 21 Q. Okay. And then describe what this means,
 22 the right eye and the left eye, where you
 23 have the negative 25. Explain all that.

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<p>1 What is all that?</p> <p>2 A. He's nearsighted, and he has a small amount</p> <p>3 of astigmatism. It's about one point</p> <p>4 different than it was the time before.</p> <p>5 Q. Okay.</p> <p>6 A. Or in the case of the left eye, it's only a</p> <p>7 half a point different.</p> <p>8 Q. And what kind of visual loss is that, one</p> <p>9 point, a half a point?</p> <p>10 A. Extremely small. Smallest thing that we</p> <p>11 can measure.</p> <p>12 Q. Okay. So he still has pretty good eye</p> <p>13 health, correct?</p> <p>14 A. Correct.</p> <p>15 Q. In fact, probably you would say good eye</p> <p>16 health?</p> <p>17 A. Yes.</p> <p>18 Q. Okay. Now, above VA, it looks like TSO or</p> <p>19 something? What is that?</p> <p>20 A. That's plus a half.</p> <p>21 Q. Okay. Looks like plus point 50?</p> <p>22 A. That was a test to make sure that the lens</p> <p>23 that you had arrived at on the prescription</p>	<p>1 eye.</p> <p>2 Q. And what is that like at this point?</p> <p>3 A. It's normal.</p> <p>4 Q. All right. The slit lamp exam, what is</p> <p>5 that? I know what it is, but what do you</p> <p>6 have marked there?</p> <p>7 A. <u>Anterior chamber</u> angle was one to one and a</p> <p>8 half, which is about a grade three, and</p> <p>9 everything else was fine.</p> <p>10 Q. All right. A grade three, what do you mean</p> <p>11 by that?</p> <p>12 A. That deals with how open your anterior</p> <p>13 chamber angle is.</p> <p>14 Q. Is that regarded as being -- what -- in</p> <p>15 terms of -- how narrow is that?</p> <p>16 A. Four is the most open, and one -- well,</p> <p>17 zero would be closed.</p> <p>18 Q. Okay. So is this angle more narrow than it</p> <p>19 was in his previous visit?</p> <p>20 A. It's about the same.</p> <p>21 Q. Okay. So four is the most open, zero is</p> <p>22 closed?</p> <p>23 A. That's correct.</p>
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<p>1 was accurate.</p> <p>2 Q. And then these monocular, binocular, did</p> <p>3 you do any tests related to that?</p> <p>4 A. No.</p> <p>5 Q. All right. And then below that, the</p> <p>6 stereopsis. How do you say that?</p> <p>7 A. That's correct.</p> <p>8 Q. Did you do that?</p> <p>9 A. No.</p> <p>10 Q. Okay. Color vision, he had no misses; is</p> <p>11 that correct?</p> <p>12 A. Correct.</p> <p>13 Q. And then what is this <u>confrontation</u> thing</p> <p>14 over there? What was that?</p> <p>15 A. That was the <u>visual field</u> screening, and it</p> <p>16 was all normal.</p> <p>17 Q. Okay. What does that say? Right eye what?</p> <p>18 A. Right eye full to finger count. Left eye</p> <p>19 full to finger count in all quadrants.</p> <p>20 Q. Okay. And then the --</p> <p>21 A. Keratometry.</p> <p>22 Q. Yeah. What is that?</p> <p>23 A. That measures the front surface of your</p>	<p>1 Q. So just what is the norm?</p> <p>2 A. The vast majority of the people are going</p> <p>3 to be in the three to four range.</p> <p>4 Q. Okay. So his angle on both visits was</p> <p>5 narrower than what is typical?</p> <p>6 A. No.</p> <p>7 MR. WHITE: Object to the form.</p> <p>8 Q. Well, you said earlier zero was closed,</p> <p>9 correct?</p> <p>10 A. Correct.</p> <p>11 Q. Four is the most open?</p> <p>12 A. Correct.</p> <p>13 Q. Okay. So he is closer to having a closed</p> <p>14 angle than he is to having an open angle?</p> <p>15 A. Three is closer to four than to zero.</p> <p>16 Q. But he's a one and a half, isn't he?</p> <p>17 A. No. It's a grade three. Right by there --</p> <p>18 Q. I'm sorry. Okay. I misunderstood. The</p> <p>19 one and a half was throwing me off. Okay.</p> <p>20 So he's a grade three?</p> <p>21 A. Uh-huh (positive response).</p> <p>22 Q. All right. And what do you have written</p> <p>23 under there?</p>

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1 A. Where are we?
2 Q. Still at the slit lamp exam.
3 A. Within normal limits for eyes and lids,
4 both eyes.
5 Q. Okay. And then OPH. What does that say?
6 A. E3.35 .35 spontaneous venous pulsation
7 present in both eyes, AV 3 to 5 and fovea
8 and general retinal area clear in both
9 eyes.
10 Q. Okay. Interpret that for me. What does
11 that mean?
12 A. That means that when we looked inside his
13 eye, everything looked normal.
14 Q. Okay. On tonometry, it says, NCT at
15 3:50 p.m.
16 A. Right.
17 Q. And then you have -- what is the reading
18 there?
19 A. The first reading on the noncontact
20 tonometer was 28 and 24. And that was
21 high, so I was concerned about it. And I
22 had a note on here when we went back and
23 did that that he was squeezing his lids

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1 shut, which sometimes happens with that
2 because they anticipate the puff of air
3 coming. And if they're squeezing their
4 other eye shut, the muscles squeeze on your
5 eye and it elevates the pressure. So we
6 went back and did it with a Goldmann
7 tonometer there, and it was much lower.
8 Q. All right. But that is still higher than
9 it was?
10 A. Little bit. It goes up and down during the
11 day. If I took it at eight and at four, it
12 wouldn't be the same thing.
13 Q. What do you have written under there?
14 A. Myopia. Wants contact lenses.
15 Q. Okay. And then the plan is what?
16 A. New contact lens fit with the brand and
17 parameters of the contacts. Wear daily
18 wear, eight, 12, 16 hours. OptiFree is the
19 care kit that we gave him a sample to use
20 to take care of the lenses. Recheck in one
21 week.
22 Q. Okay. Why are you rechecking in one week?
23 A. We recheck all of the new contact lens fits

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1 to be sure they're not causing a problem.
2 Q. Okay.
3 A. And that they're performing properly.
4 Q. Okay. Now, is this something that you
5 would refer back to on a subsequent visit?
6 A. Refer back, like the next time he comes, am
7 I going to look back at this?
8 Q. Right.
9 A. Yes.
10 Q. All right. Let's look at the September
11 27th, 2003 visit.
12 A. Okay.
13 Q. And his visual acuity, is it better or
14 worse?
15 A. It's very close to the same thing.
16 Q. All right. And just interpret those
17 markings for us, please. Just --
18 MR. WHITE: Talking about under
19 VA?
20 MR. ADAMS: Yes.
21 Q. Tell us what you've written there.
22 A. Twenty -- this, again, could be
23 uncorrected. Distance vision 20/50 in the

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1 right, 20/40 in the left.
2 Q. And then what do you have there to the
3 right?
4 A. That's the lenses that he was wearing from
5 the previous exam. That's the
6 prescription.
7 Q. What does that say?
8 A. UltraFlex daily wear, eight, six, 14, O
9 minus one, minus 75.
10 Q. And his last eye exam, what does that say?
11 A. Eyes checked 10/01.
12 Q. What does it say after that, please?
13 A. New contact lenses then. Wears part time.
14 Chief complaint, checkup and update contact
15 lenses.
16 Q. All right. And then general health, what
17 is that?
18 A. WNL, within normal limits.
19 Q. Medications?
20 A. None.
21 Q. Drug allergies?
22 A. No drug allergies.
23 Q. Ocular history?

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<p>1 A. Negative personal and familial.</p> <p>2 Q. And the cover test, what is that?</p> <p>3 A. Normal. Zero zero.</p> <p>4 Q. Okay. And then external, what does that</p> <p>5 say?</p> <p>6 A. Within normal limits, both eyes.</p> <p>7 Q. Versions?</p> <p>8 A. Full. That's normal.</p> <p>9 Q. All right. NPC?</p> <p>10 A. Six centimeters.</p> <p>11 Q. All right. Pupils?</p> <p>12 A. Equally reactive to light and</p> <p>13 accommodation, negative Marcus Gunn.</p> <p>14 Q. Okay. And then the right eye and the left</p> <p>15 eye on whatever -- the rest of what this</p> <p>16 is, what is that?</p> <p>17 A. In the middle of the page?</p> <p>18 Q. Yes.</p> <p>19 A. That's the determination of their</p> <p>20 prescription for optical correction.</p> <p>21 Q. Okay. We have this little marking --</p> <p>22 Okay. That's, again, plus one half?</p> <p>23 A. Plus .5. Plus 50.</p>	<p>1 (Brief recess.)</p> <p>2 Q. (Mr. Adams continuing) So the keratometry,</p> <p>3 you did not perform that test; is that</p> <p>4 correct?</p> <p>5 A. Not that visit.</p> <p>6 Q. Okay. And why not?</p> <p>7 A. It doesn't typically change a whole lot</p> <p>8 every time you do it. If you want to look</p> <p>9 back at the other two there, there was a</p> <p>10 very small change, and we use those for a</p> <p>11 baseline.</p> <p>12 Q. Okay. But as far as this visit, you didn't</p> <p>13 do it, right?</p> <p>14 A. That's correct.</p> <p>15 Q. Okay.</p> <p>16 A. Actually, it was done, and it was stapled</p> <p>17 onto here with the reading out of the</p> <p>18 autorefractor, but I don't know where it</p> <p>19 is. It would have been stapled onto there,</p> <p>20 onto the original.</p> <p>21 Q. All right. Miscellaneous. What is that?</p> <p>22 Confrontation?</p> <p>23 A. Oh, uh-huh (positive response). Yeah.</p>
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<p>1 Q. What does that mean, again?</p> <p>2 A. That means that when we got through with</p> <p>3 the subjective and we held the plus 50 up</p> <p>4 there, it made it blurry, so we knew</p> <p>5 they're not too strong.</p> <p>6 Q. Okay. And then monocular and binocular.</p> <p>7 What was that?</p> <p>8 A. That just has to do with some testing</p> <p>9 procedures and whether you did one or the</p> <p>10 other.</p> <p>11 Q. Okay. And then stereopsis. What was that?</p> <p>12 A. Depth perception test.</p> <p>13 Q. Okay. And how did that go?</p> <p>14 A. It wasn't performed.</p> <p>15 Q. Okay. Why was that not performed?</p> <p>16 A. It's not performed on the standard</p> <p>17 patient. Sometimes if they're trying to</p> <p>18 get in pilot programs or some other</p> <p>19 specialty, some of the military cases that</p> <p>20 we have have to have that done for flying</p> <p>21 helicopters and stuff.</p> <p>22 Q. Okay. And then keratometry. What was</p> <p>23 that?</p>	<p>1 Same thing. Full to finger count in the</p> <p>2 right eye and the left eye in all different</p> <p>3 quadrants.</p> <p>4 Q. And then the slit lamp exam. Explain</p> <p>5 that.</p> <p>6 A. Again, it just has to do with the screening</p> <p>7 for how open it is. Then it says, normal</p> <p>8 for the eyes and the lids in both eyes.</p> <p>9 Q. All right. Well, what is the openness of</p> <p>10 the angle rate?</p> <p>11 A. This time it was even a little larger than</p> <p>12 last time.</p> <p>13 MR. WHITE: Read to him what it</p> <p>14 is.</p> <p>15 A. One to three quarters, grade four.</p> <p>16 Q. Okay.</p> <p>17 A. Angle, both eyes.</p> <p>18 Q. And one to three quarters, what is that?</p> <p>19 A. That has to do with the way that things are</p> <p>20 measured with the von Herrick method of</p> <p>21 examining that with the slit lamp.</p> <p>22 Q. Okay.</p> <p>23 A. And...</p>

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1 Q. All right. And then the OPH, what are
2 you --
3 A. Ophthalmoscopy.
4 Q. What do you have written there?
5 A. Point 35 C/D ratio for both eyes,
6 spontaneous venous pulse, arterio/venous
7 ratio three to five on the retina, fovea
8 and general retinal area clear in both
9 eyes.
10 Q. Okay. And then under that, it looks like
11 it says --
12 A. Replacement daily wear soft contact lenses
13 and a prescription for glasses underneath
14 there.
15 Q. And then the tonometry is what?
16 A. Twelve and 14 at 8:50 in the morning.
17 Q. And then the IMP, is that impression?
18 A. Correct.
19 Q. And what does that say there?
20 A. Myop in both eyes with astigmatism with
21 change in the right eye.
22 Q. And what is the plan?
23 A. That's what we were talking about where --

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1 replace the contact lenses and put a new
2 glasses prescription on there and then
3 recheck in one year.
4 Q. Okay. And then the \$47, what does that
5 mean?
6 A. That was the charge for the office visit
7 that date.
8 Q. Okay. And you don't have any contention
9 that at any time he failed to pay you,
10 correct? I mean, he always paid you as far
11 as you know?
12 A. As far as I know.
13 Q. As far as you know. Okay.
14 In September of 2003, would you have
15 had a gonioscopy in the office at that
16 time?
17 A. Yes.
18 Q. And would you have had the capability of
19 using a Goldmann -- using Goldmann
20 tonometry at that time?
21 A. Yes.
22 Q. Okay. And by the way, is there anything
23 else that is missing from the record? I

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1 think you said that there might have been
2 something related to the keratometry that
3 wasn't on here. Are you aware of any other
4 papers or items missing from --
5 A. I mentioned the one I think that's in the
6 original records that -- he did that the
7 first time he was here.
8 MR. WHITE: You're pointing to the
9 fifth document in this
10 Plaintiff's Exhibit 5. And I
11 think this is actually -- it's
12 a very faded copy of that.
13 You can faintly see his
14 signature on this.
15 Q. But other than that, other than maybe a
16 written history that is either not there or
17 unclear, you're not aware of any other
18 documents that would be -- have been in his
19 optometry record in your office that are
20 not part of that exhibit?
21 MR. WHITE: Object to the form.
22 Let me just say the
23 written history is here, and

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1 it is clear. Now, you have a
2 bad copy of it here, but we'll
3 be glad -- I said before we
4 would be glad to make you
5 another copy. I didn't
6 realize that -- if you have a
7 bad copy, we'll get you a
8 better copy. But the original
9 is very clear.
10 MR. ADAMS: That would be good.
11 MR. WHITE: In fact, I showed the
12 original to your client at his
13 deposition.
14 MR. ADAMS: Okay. I'm not sure
15 I've got that with me, so I --
16 I'm not sure you provided it,
17 so I'd like that. That would
18 be good.
19 MR. WHITE: Okay. We provided it,
20 because you got a copy of it.
21 You just, apparently, got a
22 poor copy of it.
23 MR. ADAMS: Okay. What I meant is

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<p>1 at the deposition, I don't</p> <p>2 think I left the deposition</p> <p>3 with a copy of that exhibit.</p> <p>4 MR. WHITE: That's fine.</p> <p>5 MR. ADAMS: All right. Let's just</p> <p>6 press on, and then we'll talk</p> <p>7 about it.</p> <p>8 MR. WHITE: We'll get it at the</p> <p>9 next break. I'll be glad to</p> <p>10 make you a clearer copy.</p> <p>11 MR. ADAMS: All right.</p> <p>12 Q. Let's go to the August 20th, 2004 office</p> <p>13 visit, please.</p> <p>14 Under visual acuity, right eye, it</p> <p>15 looks like his vision has gotten worse; is</p> <p>16 that accurate? Am I reading that right?</p> <p>17 A. Yes.</p> <p>18 Q. It is accurate? Okay. It's now 20/100?</p> <p>19 A. It has changed I thought was the question.</p> <p>20 Q. I asked had it gotten worse.</p> <p>21 A. Right.</p> <p>22 Q. It has?</p> <p>23 A. Yes.</p>	<p>1 Q. And could episodes of angle closure</p> <p>2 contribute to a loss of vision?</p> <p>3 A. That would be very uncommon.</p> <p>4 Q. Okay. I mean, but you testified several</p> <p>5 times that a closed angle, angle closure</p> <p>6 glaucoma can cause nerve damage, correct?</p> <p>7 A. Correct.</p> <p>8 Q. Okay. All right. So that can lead to a</p> <p>9 loss of vision?</p> <p>10 A. Can nerve damage lead to a loss of vision?</p> <p>11 Is that what you're asking?</p> <p>12 Q. Yes.</p> <p>13 A. Yes.</p> <p>14 Q. Okay. His last eye exam was -- you have</p> <p>15 September 27th, 2003, right? Is that what</p> <p>16 you've written there?</p> <p>17 A. Uh-huh (positive response). Yes.</p> <p>18 Q. And under chief complaint, what have you</p> <p>19 written, please?</p> <p>20 A. We're going underneath there now?</p> <p>21 Q. Yes.</p> <p>22 A. Trouble with right eye. Has film over it</p> <p>23 and is worse at night. Sees halos around</p>
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<p>1 Q. All right. Interpret those numbers for me,</p> <p>2 please. Just tell me what all that means</p> <p>3 under visual acuity.</p> <p>4 A. Okay. Again, uncorrected distance visual</p> <p>5 acuity is on the left-hand side of the</p> <p>6 sheet. The right eye was 20/100 and the</p> <p>7 left eye was 20/40. Then it has the</p> <p>8 correction for his last glasses</p> <p>9 prescription there, and then it has the</p> <p>10 last contact lens prescription next to it.</p> <p>11 Q. Okay. Is there anything that you're</p> <p>12 concerned about when you see his right eye</p> <p>13 has gone from 20/50 to 20/100?</p> <p>14 A. Well, it's obviously changed some, and we</p> <p>15 just have to find out what's caused it to</p> <p>16 do that.</p> <p>17 Q. What could be the reasons for that?</p> <p>18 A. Far and away the most common would be a</p> <p>19 change in his glasses prescription. He</p> <p>20 could have also had a cataract. He could</p> <p>21 have also had a corneal injury that left a</p> <p>22 scar. He could have a retinal problem.</p> <p>23 You know, a lot of things.</p>	<p>1 lights. And it's been that way for</p> <p>2 approximately two months with minor</p> <p>3 worsening.</p> <p>4 Q. Okay. And then reason over here where it</p> <p>5 says --</p> <p>6 A. Problem with right eye. And then something</p> <p>7 got blocked off on the edge. Feels like</p> <p>8 something -- feels -- has film over it.</p> <p>9 Q. Okay. Is my copy any better?</p> <p>10 A. There's a word right here. I can't tell</p> <p>11 what it is.</p> <p>12 Q. Okay. Do you have any idea?</p> <p>13 A. I would say that it's probably -- it looks</p> <p>14 like an H, and it has film, which was the</p> <p>15 word that he used that I put in parentheses</p> <p>16 on the other side.</p> <p>17 Q. Okay. What is above the problem with right</p> <p>18 eye, where it says reason? What does that</p> <p>19 say?</p> <p>20 A. Routine exam.</p> <p>21 Q. All right. Now, why did you put routine</p> <p>22 exam?</p> <p>23 A. Because it wasn't for anything other than a</p>

<p style="text-align: right;">Page 177</p> <p>1 normal comprehensive eye exam.</p> <p>2 Q. Okay. But --</p> <p>3 A. It wasn't for a foreign body or for a red</p> <p>4 eye or for any other number of things that</p> <p>5 it could be for.</p> <p>6 Q. How often would you say you have patients</p> <p>7 who present with seeing halos and --</p> <p>8 A. It's fairly common.</p> <p>9 Q. Is it? How often would you say?</p> <p>10 A. You mean like give you a percentage of the</p> <p>11 patients who complain about that? I hear</p> <p>12 it every day, if that's what you're asking.</p> <p>13 Q. Do you?</p> <p>14 A. Uh-huh (positive response).</p> <p>15 Q. But do you always write it? Do you always</p> <p>16 make a note of it?</p> <p>17 A. I would say something about that they would</p> <p>18 have halos or fuzziness around the lights.</p> <p>19 Q. Okay. What about the film?</p> <p>20 A. That's just another way of expressing that</p> <p>21 it's not clear.</p> <p>22 Q. Blurry?</p> <p>23 A. (Witness nods head up and down.)</p>	<p style="text-align: right;">Page 179</p> <p>1 A. Seven centimeters.</p> <p>2 Q. Okay. Now, the fact that it's going up, is</p> <p>3 that good or bad?</p> <p>4 A. If we did it ten times, we might get six</p> <p>5 four and seven five and eight one. I mean,</p> <p>6 that's one millimeter. It's like this</p> <p>7 much, you know.</p> <p>8 Q. Okay. Pupils?</p> <p>9 A. Normal. Equally reactive to light and</p> <p>10 accommodation.</p> <p>11 Q. Okay.</p> <p>12 A. Negative Marcus Gunn sign, which would --</p> <p>13 if that was positive, it would indicate</p> <p>14 nerve damage, but it was negative.</p> <p>15 Q. And what instrument are you using to --</p> <p>16 A. Use a pen light to check pupils, or you can</p> <p>17 use a transilluminator out of the hand</p> <p>18 equipment.</p> <p>19 Q. Which is better?</p> <p>20 A. They both do the same thing.</p> <p>21 Q. Okay. Right eye. Below that, you say it's</p> <p>22 clear?</p> <p>23 A. Clear reflex on the retinoscopy, which</p>
<p style="text-align: right;">Page 178</p> <p>1 Q. You would -- film over it, blurred vision,</p> <p>2 that would probably fall in the same</p> <p>3 category?</p> <p>4 A. It would all be symptoms of something</p> <p>5 that's making it not clear.</p> <p>6 Q. Medications. What does it say there? No?</p> <p>7 A. No, and then no known drug allergies. And</p> <p>8 then by the ocular history, negative</p> <p>9 personal and familial history.</p> <p>10 Q. General health is good, correct?</p> <p>11 A. Correct.</p> <p>12 Q. All right. The cover test. What is that?</p> <p>13 A. That's the muscle balance test. It's</p> <p>14 normal, zero and zero.</p> <p>15 Q. And then vergences?</p> <p>16 A. That has to do with the testing to see how</p> <p>17 well they handle the defect if they have a</p> <p>18 defect on the cover test.</p> <p>19 Q. Okay. External. What does that say?</p> <p>20 A. Within normal limits for both eyes.</p> <p>21 Q. Okay. And then versions?</p> <p>22 A. Full.</p> <p>23 Q. NPC?</p>	<p style="text-align: right;">Page 180</p> <p>1 shown light through to the back of your</p> <p>2 eye.</p> <p>3 Q. All right. And what is this? What are</p> <p>4 these numbers in the middle here?</p> <p>5 A. That's the prescription for the glasses</p> <p>6 that he sees the best with. The left eye</p> <p>7 is exactly the same as last time, and the</p> <p>8 right eye has changed some. And the</p> <p>9 correction for astigmatism has gone up in</p> <p>10 that eye.</p> <p>11 Q. Okay. And how is the right eye changed?</p> <p>12 A. That was the right eye. The correction for</p> <p>13 astigmatism went up.</p> <p>14 Q. Okay. Because the visual -- the</p> <p>15 distance -- he's more nearsighted now in</p> <p>16 his right eye, correct?</p> <p>17 A. No -- well, one step. The major loss of</p> <p>18 vision there was the correction for</p> <p>19 astigmatism change.</p> <p>20 Q. Okay. And then visual acuity under that,</p> <p>21 what is that?</p> <p>22 A. To the side you mean?</p> <p>23 Q. Yes, to the side.</p>

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<p>1 A. So the right eye was seeing 20/25 plus two, 2 and the left eye saw 20/20 minus one, which 3 means that with the right eye, he got two 4 right on the 20/20 line, and on the left 5 eye he missed one on the 20/20 line. 6 Q. So how has his vision changed? 7 A. The correction for astigmatism has gone up 8 a good bit in the right eye. 9 Q. Okay. And how would you describe his 10 overall visual health at this point? 11 A. Health as in pathology or -- 12 Q. I'll tell you what. Let's just strike 13 that. We'll come back to it. 14 All right. Monocular and binocular. 15 A. That has to do with the type of 16 cross-cylinder you use on the phoropter. 17 Q. PRA and NRA. What's that? 18 A. Same thing. 19 Q. Okay. And why didn't you do that, again? 20 A. Positive relative accommodation has to do 21 with the type of -- when you go through and 22 you adjust the lenses on the refractor, 23 and -- all of these things, the monocular</p>	<p>1 Q. All right. Well, why isn't it documented? 2 A. Well, because you can't choose. You do it 3 if you use that instrument. 4 Q. Okay. 5 A. There was not -- it's done every time they 6 come in and they are refracted through the 7 phoropter. 8 Q. I don't understand why it's not written 9 down. 10 A. Because anybody that understood how the 11 subjective was done would know that that 12 was used as part of the instrument to check 13 that. So any other doctor that was looking 14 would already know that if this test was 15 done, it was done with that. 16 Q. Okay. Stereopsis. Was that done? 17 A. No. 18 Q. Okay. And, again, what is that test? 19 A. Depth perception? 20 Q. Color vision. What do you have written 21 there? 22 A. He didn't miss any of those. 23 Q. And then to the right of that, what does it</p>
Page 182	Page 184
<p>1 cross cylinder and the PRA and the NRA have 2 to do mainly with things that are done on 3 people whose vision does not correct well. 4 Q. Okay. And was there any reason to do any 5 of those? 6 A. I did not feel it was indicated. 7 Q. All right. Why not? 8 A. There was no reason to do it. The 9 monocular cross cylinder is done on 10 everybody that has a glasses prescription. 11 Q. But he did have a glasses prescription. 12 A. Yeah, that's what I'm saying. All that -- 13 the fact that this -- this is not 14 something, you know -- this is something 15 that's built into the instrument. Now, if 16 you do a refraction with trial lenses, then 17 you have to take a cross cylinder out of 18 the drawer and hold it up and flip it and 19 stuff. But every time you do a subjective 20 refraction through a phoropter, it has a 21 monocular cross cylinder. 22 Q. All right. So why didn't you do it? 23 A. It's automatically done.</p>	<p>1 say? 2 A. Confrontation test where they do finger 3 count and check the peripheral vision, and 4 it was normal in both eyes. 5 Q. All right. And then keratometry. What do 6 you have there? 7 A. Well, it just has the readings and the 8 curvature on the front of the eye there, 9 and that's the results of the test right 10 there. 11 Q. Okay. And has that changed? 12 A. I expect so, because the correction for 13 astigmatism changed. Let's see. I'm 14 looking at 3/24/2000. If you want to look 15 back there, the right eye, there's a 16 difference between the left-hand number and 17 the right-hand number. It was .37 then, 18 and now it's 1.5. On the right eye it was 19 .5, and now it's zero. The major 20 difference is in the right eye where 21 there's an increase in the curvature in one 22 meridian versus the other, which is why the 23 correction for astigmatism changed.</p>

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1 Q. All right. And what do you have written to
2 the right of there? What is that?
3 A. The M one percent OD and OS?
4 Q. What is that?
5 A. That's just the drop I put in to dilate his
6 pupils.
7 Q. Okay. And then the slit lamp exam. What
8 were the findings there?
9 A. It's one to three quarters, which is a
10 grade four angle. Normal eyes and lids in
11 both eyes.
12 Q. And then OPH. What is that?
13 A. Ophthalmoscopy, and it was normal also.
14 Q. Okay. And what does the ophthalmoscopy
15 measure?
16 A. That looks into the back surface of your
17 eye on the retina, or that's the major
18 thing you're doing with it.
19 Q. Well, tell me what those markings are. I
20 can't read your writing, so if you can
21 just --
22 A. Oh. E3, which has to do with the category
23 of the cupping in the optic nerve, the

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1 Q. Yes.
2 A. That's OU for both eyes.
3 Q. All right. Okay. So the NCT, what is
4 that? I know what --
5 A. The reading? 13 and 12.
6 Q. At 10:20 in the morning?
7 A. Correct.
8 Q. And then what is your impression there?
9 A. Underneath? Is that what you're --
10 Q. Yes.
11 A. Compound myopic astigmat with change in the
12 right eye. And that's -- it looks like
13 it's change in the best corrected visual
14 acuity in the right eye.
15 Q. And then your plan, what is that?
16 A. Change the right lens to the subjective
17 reading up above after a positive demo of
18 the change, which means that the patient
19 was shown the new lens there in the chair
20 in the office and thought that everything
21 looked real good with that and wanted to
22 change to that.
23 Q. Okay. And then under there it says right

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1 cup-to-disk ratio. And then it says SVP
2 plus, which is spontaneous venous
3 pulsation.
4 Q. Spontaneous what?
5 A. Venous pulsation. If you do not have a
6 spontaneous venous pulsation, you have some
7 circulatory problems.
8 Q. Okay. What was his spontaneous?
9 A. It was fine. It was SVP plus in both eyes.
10 Q. It looks like a 138 there. What is that?
11 MR. WHITE: Where are you looking
12 at?
13 Q. In front of DS.
14 MR. WHITE: Point three five?
15 A. Point three five. I'm sorry. I didn't
16 know what you were talking about.
17 Q. And then under that, what do you have
18 written?
19 A. Fovea and general retinal area normal in
20 both eyes.
21 Q. And then to the side of that, what is that?
22 A. Slit lamp -- oh, you're talking about over
23 to the right-hand side?

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1 eye -- what, now?
2 A. That's the prescription for the glasses.
3 Q. And then you have recheck in one year?
4 A. Correct.
5 Q. Okay. You did not do Goldmann's tonometry,
6 correct?
7 A. Not that visit, no.
8 Q. And you didn't do gonioscopy, correct?
9 A. No.
10 Q. All right. Do you agree that blurry vision
11 is a symptom of angle closure glaucoma?
12 A. It is a symptom of angle closure glaucoma,
13 but angle closure glaucoma is far and away
14 not the most common source of blurry
15 vision.
16 Q. Okay. And what would be more common?
17 A. A change in the refractive error,
18 cataracts, corneal scars, a lot of other
19 things.
20 Q. Tell me some more other things.
21 A. Retinal problems, central serous
22 retinopathy, retinal detachments. You
23 could have optic neuritis, which is

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1 something that -- another incident that
 2 causes damage to the optic nerve. You
 3 could have hyphema, which is the leakage of
 4 a blood vessel in the back of your eye that
 5 can be secondary to diabetes or a list of
 6 other general health problems.
 7 You want me to keep going?
 8 Q. Yeah.
 9 A. Okay. You could have what's known as
 10 iritis, which is an inflammatory problem.
 11 You know, I'd have to have something to
 12 write with and write all these down so I'm
 13 not repeating myself on all of them.
 14 Q. You testified earlier you agree that seeing
 15 halos around lights is a symptom of angle
 16 closure glaucoma, correct?
 17 A. Yes.
 18 Q. Okay. The two of those coupled together --
 19 A. I'm sorry. Which two are we talking about?
 20 Q. The blurry vision or film over the eye
 21 together with the halos around lights.
 22 Would you agree that that should cause some
 23 concern for an optometrist that Kyle may

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1 was that the gonioscopy presents a better
 2 view of the angle; is that correct?
 3 A. Right. That's correct.
 4 Q. Okay. Why did you not use the gonioscopy
 5 to get the best possible view of the angle?
 6 A. Because there was no indication to do
 7 that. All the other findings to rule out
 8 glaucoma were okay.
 9 Q. What other findings?
 10 A. I just went through them. It had to do
 11 with the pressure in his eye. It had to do
 12 with the appearance of his optic nerve. It
 13 has to do with the clarity of his cornea.
 14 Has to do with -- we've already screened to
 15 see if his angle was open with the slit
 16 lamp exam, and all of those findings were
 17 normal.
 18 Q. Are you aware as to whether the NCT
 19 tonometry was the preferred tonometry test
 20 at the time of this visit?
 21 MR. WHITE: Object to the form.
 22 A. Could you rephrase that another way for me?
 23 Q. Well, let's kind of back up. On one of his

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1 have -- or that this patient, a patient
 2 presenting with this could have angle
 3 closure glaucoma?
 4 A. That would be a possibility, and it would
 5 be a very low chance.
 6 Q. But because it's a possibility and because
 7 glaucoma is so dangerous and can result in
 8 blindness, it is something you would want
 9 to eliminate?
 10 A. Right.
 11 Q. Okay. And therefore, you would want to
 12 conduct a thorough examination of the
 13 patient's angles, correct?
 14 A. That is -- that does not define him as
 15 having glaucoma or not. That only defines
 16 the appearance of the angle. There were
 17 tests done: Measuring the pressure in his
 18 eye, looking at the optic nerve, checking
 19 the pupillary actions, doing a screening
 20 for angle closure with the slit lamp. All
 21 of those were testing to see if he showed
 22 any other signs or symptoms of glaucoma.
 23 Q. Okay. But I believe your testimony earlier

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1 prior visits, the October 2001 visit, you
 2 had had a problem with the NCT tonometry,
 3 correct?
 4 MR. WHITE: Object to the form. I
 5 don't believe that's what he
 6 testified to.
 7 Q. Well, you had had to do another type of
 8 tonometry, correct?
 9 A. I didn't have to. I wanted to.
 10 Q. And you testified you wanted to because you
 11 believed Kyle was squinting his eyes or
 12 squeezing his lids together?
 13 A. That's what was written on the chart, yes.
 14 Q. And is that sometimes a problem with the
 15 NCT tonometry?
 16 A. Yes.
 17 Q. And the NCT tonometry is a less accurate
 18 test because patients often do that,
 19 correct?
 20 A. They don't often do it.
 21 Q. Well, they sometimes do it, right?
 22 A. Uh-huh (positive response).
 23 Q. Yes?

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<p>1 A. Yes.</p> <p>2 Q. Okay. And this October 2nd, 2001 testing</p> <p>3 note or whatever you called it, it was</p> <p>4 available to you in Kyle's chart on August</p> <p>5 the 20th, 2004 when Kyle came in, correct?</p> <p>6 A. I'm sorry. Say that again?</p> <p>7 Q. Yes. The October the 2nd, 2001 testing</p> <p>8 note, it was part of Kyle's chart when he</p> <p>9 came in in August of 2004?</p> <p>10 A. Correct.</p> <p>11 Q. Okay. And do you review the full chart</p> <p>12 when the patient comes in or just the</p> <p>13 previous visit?</p> <p>14 A. That would vary from patient to patient,</p> <p>15 depending on what problems they had and how</p> <p>16 many times they had been in to the office.</p> <p>17 Q. Okay. Well, in this circumstance, do you</p> <p>18 know if you looked back?</p> <p>19 A. Since he had only been --</p> <p>20 Do I remember if I looked back or not?</p> <p>21 Q. Right.</p> <p>22 A. No, I don't recall.</p> <p>23 Q. All right. Well, let's just say, since you</p>	<p>1 cause you in a normal circumstance to</p> <p>2 review the patient's entire history?</p> <p>3 A. I would say that the chances of me looking</p> <p>4 at all of the exams that he had been in</p> <p>5 before, with there only being three others,</p> <p>6 that I probably looked at all of them.</p> <p>7 Q. Okay.</p> <p>8 A. If it had been 15 years and there was one</p> <p>9 from that far back, I doubt I would have</p> <p>10 looked at it.</p> <p>11 Q. Okay. Well, knowing that he had at least</p> <p>12 two of the signs and symptoms of glaucoma,</p> <p>13 and knowing that he had problems with the</p> <p>14 puff test tonometry on a prior visit, why</p> <p>15 did you not do a Goldmann's tonometry test</p> <p>16 to measure his intraocular pressure in his</p> <p>17 right eye?</p> <p>18 MR. WHITE: Object to the form.</p> <p>19 A. There was no indication to do that because</p> <p>20 the pressure was normal, and it had been</p> <p>21 consistent over the four visits.</p> <p>22 Q. But in at least one of his four visits, the</p> <p>23 puff test reading had been in error,</p>
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<p>1 don't recall, I mean, a patient presenting</p> <p>2 with a significant loss of visual acuity in</p> <p>3 his right eye.</p> <p>4 Do you agree that he had had a</p> <p>5 significant loss of visual acuity in his</p> <p>6 right eye?</p> <p>7 A. In his uncorrected visual acuity.</p> <p>8 Q. Yes. Since the prior visit, he had gone</p> <p>9 from 20/50 in the right eye to 20/100.</p> <p>10 A. Correct.</p> <p>11 Q. Would you call that a significant loss of</p> <p>12 visual acuity?</p> <p>13 A. I would call it a significant loss of</p> <p>14 uncorrected visual acuity. His corrected</p> <p>15 visual acuity was very close to the same.</p> <p>16 Q. Okay. And then he was present -- his</p> <p>17 history and his chief complaint was blurry</p> <p>18 vision or film over his eyes -- or his eye,</p> <p>19 his right eye, halos around lights, and</p> <p>20 that it had been getting worse over the</p> <p>21 past two months, correct?</p> <p>22 A. Correct.</p> <p>23 Q. Okay. Would those things taken together</p>	<p>1 correct?</p> <p>2 A. Correct, and it was verified by doing it</p> <p>3 another way.</p> <p>4 Q. Okay. So if he had problems with the puff</p> <p>5 test previously, why did you continue to</p> <p>6 use it?</p> <p>7 A. On the LED display on the instrument</p> <p>8 itself, it has an asterisk that comes up if</p> <p>9 the reading is questionable. And if it</p> <p>10 doesn't come up, then I take it as</p> <p>11 correct. But if it's off like that, I just</p> <p>12 go ahead and check it again with the</p> <p>13 Goldmann.</p> <p>14 Q. Okay. You acknowledged and agreed earlier</p> <p>15 that angle closure glaucoma is a medical</p> <p>16 emergency, didn't you?</p> <p>17 MR. WHITE: Object to the form.</p> <p>18 Asked and answered.</p> <p>19 Q. Your opinion hasn't changed on that, right?</p> <p>20 A. Unh-unh (negative response).</p> <p>21 Q. That's a no?</p> <p>22 A. No.</p> <p>23 Q. Okay. And in that circumstance, when</p>

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<p>1 presented with a potential emergency, do</p> <p>2 you find it more necessary to rely on your</p> <p>3 expertise and training as an optometrist or</p> <p>4 on the functioning of your equipment?</p> <p>5 MR. WHITE: Object to the form.</p> <p>6 A. I think you would have to ask me a more</p> <p>7 specific question than that.</p> <p>8 Q. Okay. Do you always rely on your</p> <p>9 equipment? I mean, do you ever find it</p> <p>10 necessary to use your professional</p> <p>11 judgment?</p> <p>12 A. Just on every patient.</p> <p>13 Q. And sometimes equipment can make a mistake,</p> <p>14 correct?</p> <p>15 A. Sure.</p> <p>16 Q. I mean, you know, equipment doesn't always</p> <p>17 work as it should, right?</p> <p>18 A. Right.</p> <p>19 Q. Okay. And you are a licensed optometrist</p> <p>20 with a therapeutic license, correct?</p> <p>21 A. Correct.</p> <p>22 Q. And you have indicated that your continuing</p> <p>23 education has trained you on the diagnosis</p>	<p>1 dissect it and go bit by bit.</p> <p>2 And that --</p> <p>3 MR. WHITE: That may be, but that</p> <p>4 doesn't give you the right to</p> <p>5 go back and ask the same</p> <p>6 question over and over again,</p> <p>7 the one that he's answered.</p> <p>8 MR. ADAMS: If he needs a</p> <p>9 foundation laid to answer</p> <p>10 every question, then I've got</p> <p>11 to go back and do that. Your</p> <p>12 objection is in the record.</p> <p>13 Q. Now, these symptoms of glaucoma that Kyle</p> <p>14 Bengtson presented with on August 20th,</p> <p>15 2004 called for the ruling out of some form</p> <p>16 of glaucoma in his right eye. Agree or</p> <p>17 disagree?</p> <p>18 A. The symptoms that Kyle showed on that visit</p> <p>19 showed that he had some diminished vision</p> <p>20 as far as the clarity of the vision that he</p> <p>21 was getting with the right eye, and my job</p> <p>22 is to find a cause of that. And that cause</p> <p>23 was detected, it was demonstrated to him,</p>
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<p>1 of glaucoma, correct?</p> <p>2 A. Correct.</p> <p>3 Q. Okay. And you said you understood film</p> <p>4 over the eye or blurry vision and halos</p> <p>5 around lights were symptoms of glaucoma,</p> <p>6 correct?</p> <p>7 MR. WHITE: Asked and answered.</p> <p>8 We're going to keep going back</p> <p>9 through the same series of</p> <p>10 questions and answers every</p> <p>11 time you get ready to ask a</p> <p>12 question?</p> <p>13 MR. ADAMS: You know, he's a very</p> <p>14 artful -- he's very artful at</p> <p>15 avoiding the questions.</p> <p>16 MR. WHITE: You have a right to</p> <p>17 ask a question, but you don't</p> <p>18 have the right to ask the same</p> <p>19 question over and over and</p> <p>20 over again.</p> <p>21 MR. ADAMS: Well, it seems that</p> <p>22 when I ask a question, we end</p> <p>23 up having to back up and</p>	<p>1 and it was taken into effect by changing</p> <p>2 the glasses.</p> <p>3 Q. When Kyle came in to pick up a copy of his</p> <p>4 record after he left Dr. Sepanski's office</p> <p>5 in March of 2005, did you immediately give</p> <p>6 him his record?</p> <p>7 A. Personally, I didn't hand it to him.</p> <p>8 Someone would have come and asked me, and I</p> <p>9 would have said okay and made a note on the</p> <p>10 chart, and they would have given it to him.</p> <p>11 Q. Okay. But are you aware that that is not</p> <p>12 what his testimony is going to be? Are you</p> <p>13 aware that he waited for nearly an hour on</p> <p>14 his record?</p> <p>15 A. I don't know.</p> <p>16 Q. Do you remember him coming in asking for</p> <p>17 his records?</p> <p>18 A. In all honesty, no.</p> <p>19 Q. Were all of these records made</p> <p>20 contemporaneous with the treatment given?</p> <p>21 A. Can you rephrase that for me?</p> <p>22 Q. Were all of these records made at the time</p> <p>23 of Kyle's visit?</p>

<p style="text-align: right;">Page 201</p> <p>1 A. I'm not sure. I guess we could get that if</p> <p>2 you needed to.</p> <p>3 Q. I'm asking you if you made any late entries</p> <p>4 on his record.</p> <p>5 A. I don't recall making any.</p> <p>6 Q. Okay.</p> <p>7 A. I wrote an entry on his record that he</p> <p>8 wanted a copy of his records. Is that what</p> <p>9 you're asking?</p> <p>10 Q. No. I'm asking you when do you make --</p> <p>11 when did you make Kyle's record? Was it at</p> <p>12 the time he came in and saw you, or do you</p> <p>13 make the record after he's gone?</p> <p>14 A. No. When we're through and we've gone over</p> <p>15 the findings, then this is put in his chart</p> <p>16 and put up.</p> <p>17 Q. Okay. And how long after his visit is that</p> <p>18 done?</p> <p>19 A. It depends on how long the people up front</p> <p>20 take to take care of what he was going to</p> <p>21 have done up there as far as getting</p> <p>22 glasses or contacts or nothing or what.</p> <p>23 Q. What is the longest you would wait to make</p>	<p style="text-align: right;">Page 203</p> <p>1 asking you.</p> <p>2 Q. Okay. I didn't understand that.</p> <p>3 What are the chances that any of this</p> <p>4 was -- Strike that.</p> <p>5 Is it your testimony that you are not</p> <p>6 aware of any entry made after Kyle Bengtson</p> <p>7 left your office?</p> <p>8 A. Just the one about his request for copies</p> <p>9 of the record.</p> <p>10 Q. I haven't seen that, I don't believe.</p> <p>11 I was trying to ask this earlier, but</p> <p>12 somehow we got thrown off. Given the fact</p> <p>13 that you knew that on a prior visit the</p> <p>14 puff test didn't work for Kyle, shouldn't</p> <p>15 you have used Goldmann's tonometry?</p> <p>16 A. If there had been any sense of abnormality</p> <p>17 in the reading that we got that day, I</p> <p>18 would have done a Goldmann tonometry just</p> <p>19 like I did on the visit before that when</p> <p>20 there was a nonreading.</p> <p>21 Q. Okay. Do you agree that good optometric</p> <p>22 care requires you to be attentive to the</p> <p>23 way patients have responded to certain</p>
<p style="text-align: right;">Page 202</p> <p>1 a record like this on a patient who's left</p> <p>2 your office?</p> <p>3 A. Longest? I'm not sure what you're asking.</p> <p>4 MR. WHITE: You're asking longest</p> <p>5 when he writes it down? I</p> <p>6 don't think y'all are</p> <p>7 communicating.</p> <p>8 Q. How long does it take typically after a</p> <p>9 patient leaves for you to complete this</p> <p>10 record?</p> <p>11 A. Isn't that what I just answered?</p> <p>12 Q. No.</p> <p>13 A. Okay. Can you rephrase it another way,</p> <p>14 then?</p> <p>15 MR. WHITE: He's asking you when</p> <p>16 you write down -- when you</p> <p>17 write it down on the sheet of</p> <p>18 paper.</p> <p>19 A. That's what I said a minute ago. After I</p> <p>20 finish this, this is done before he ever</p> <p>21 leaves my presence.</p> <p>22 Q. Okay.</p> <p>23 MR. WHITE: That's what he's</p>	<p style="text-align: right;">Page 204</p> <p>1 tests in the past?</p> <p>2 A. Usually if you discuss the -- whether it be</p> <p>3 any of the tests that are on this page and</p> <p>4 they had trouble with them before, then</p> <p>5 I'll usually spend some time, you know,</p> <p>6 discussing with them the way to make that</p> <p>7 test result be better, and generally that's</p> <p>8 good enough.</p> <p>9 Q. Did you discuss Goldmann's tonometry versus</p> <p>10 the puff test with Kyle on August the 20th,</p> <p>11 2004?</p> <p>12 A. No, I wouldn't have done that.</p> <p>13 Q. Why not?</p> <p>14 A. There was no indication to do that.</p> <p>15 Q. Well, he had had a puff test on a prior</p> <p>16 visit where you said it didn't work --</p> <p>17 didn't work right.</p> <p>18 A. Right.</p> <p>19 Q. So you had to use the Goldmann's.</p> <p>20 A. But on this visit here, it worked just</p> <p>21 fine.</p> <p>22 Q. But because he presented with these signs</p> <p>23 and symptoms of angle closure glaucoma, you</p>

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<p>1 had to be extra concerned and extra careful</p> <p>2 about an accurate reading of his</p> <p>3 intraocular pressure, correct?</p> <p>4 MR. WHITE: Object to the form.</p> <p>5 A. We did several tests that would have to do</p> <p>6 with him having angle closure glaucoma, and</p> <p>7 generally -- I don't know how much you've</p> <p>8 gotten to read in your book, but in angle</p> <p>9 closure glaucoma there is a tremendous</p> <p>10 asymmetry in the pressure between one eye</p> <p>11 and the other, as much as 30 or 40 points.</p> <p>12 The difference between 13 and 12 is one.</p> <p>13 Q. Okay. But there were other tests available</p> <p>14 to you in the office that day, and you did</p> <p>15 not use them to measure his intraocular</p> <p>16 pressure, correct?</p> <p>17 A. That's correct.</p> <p>18 Q. Okay. And there were other ways of viewing</p> <p>19 his angle other than the slit lamp exam,</p> <p>20 and you didn't use those either, correct?</p> <p>21 A. We did use a slit lamp exam.</p> <p>22 Q. But you didn't use anything else?</p> <p>23 A. To look in the anterior chamber angle?</p>	<p>1 Q. And it appears to be filled out by Kyle</p> <p>2 Bengtson at his visit -- apparently, his</p> <p>3 first visit?</p> <p>4 A. Right.</p> <p>5 Q. Okay. So that would go with the 2000 note,</p> <p>6 for the year 2000, like March 24th?</p> <p>7 A. It would have been filled out then.</p> <p>8 Q. All right. Thank you.</p> <p>9 When Kyle Bengtson came in to see you</p> <p>10 on August the 20th, 2004, what eye problems</p> <p>11 do you believe he had at that time?</p> <p>12 A. There were no problems found except for his</p> <p>13 refractive error. In the left eye, there</p> <p>14 was no change from the time before. In the</p> <p>15 right eye, there was a correction for</p> <p>16 astigmatism change, so it was recommended</p> <p>17 that he change the right lens in his</p> <p>18 glasses after a positive demonstration of</p> <p>19 the change was given to him.</p> <p>20 Q. Okay. But other than changing his</p> <p>21 prescription and having him come back for</p> <p>22 recheck in one year, you didn't refer him</p> <p>23 for more tests or ask him to come back or</p>
Page 206	Page 208
<p>1 Q. Right.</p> <p>2 A. No. We used the test that you use the slit</p> <p>3 lamp for, which was the von Herrick method.</p> <p>4 Q. Okay. But the gonioscopy provides a</p> <p>5 superior view. Okay.</p> <p>6 MR. ADAMS: You want to take a</p> <p>7 break? And I'd like that copy</p> <p>8 of the written history if we</p> <p>9 could. Thank you.</p> <p>10 MR. WHITE: Sure.</p> <p>11 (Brief recess.)</p> <p>12 MR. ADAMS: I'm just going to</p> <p>13 right now -- I don't</p> <p>14 necessarily know that there's</p> <p>15 anything that I want to ask</p> <p>16 about here, but let's just</p> <p>17 attach it somehow. We'll just</p> <p>18 make that a part of this</p> <p>19 exhibit.</p> <p>20 Q. (Mr. Adams continuing) And let me ask you,</p> <p>21 Dr. Bazemore. You agree that that is a</p> <p>22 form used by your office, correct?</p> <p>23 A. Correct.</p>	<p>1 anything like that, correct?</p> <p>2 A. There were no other problems detected.</p> <p>3 Q. So no referral to an ophthalmologist?</p> <p>4 A. That's correct.</p> <p>5 Q. And just so I understand, why did you not</p> <p>6 ask him to follow up with you sooner than</p> <p>7 one year?</p> <p>8 A. There were no findings that would have</p> <p>9 indicated that he come back any sooner than</p> <p>10 that.</p> <p>11 Q. Okay. And why no referral to an</p> <p>12 ophthalmologist?</p> <p>13 A. There was no problems detected that would</p> <p>14 indicate that that be done.</p> <p>15 Q. Okay. If a patient has had trauma to his</p> <p>16 eye in the past, can that cause angle</p> <p>17 closure glaucoma?</p> <p>18 A. It could possibly cause a secondary type.</p> <p>19 Q. And the standard of care in terms of your</p> <p>20 duty to be diligent in treatment and</p> <p>21 diagnosis is the same regardless of the</p> <p>22 origin of the angle closure, correct?</p> <p>23 A. That's correct.</p>

<p style="text-align: right;">Page 209</p> <p>1 Q. Or the origin of the symptoms, correct?</p> <p>2 A. The origin of the symptoms, I'm not sure --</p> <p>3 you would have to be more specific than</p> <p>4 that.</p> <p>5 Q. Yeah, you're right. That's not a real good</p> <p>6 question.</p> <p>7 It doesn't matter -- your duty doesn't</p> <p>8 change if somebody comes in with glaucoma</p> <p>9 pursuant to an injury or glaucoma pursuant</p> <p>10 to some other cause, does it? Your duty to</p> <p>11 provide good care is the same, correct?</p> <p>12 A. My duty is to try to figure out if they do</p> <p>13 have glaucoma, and if they do, then to try</p> <p>14 to get something done about it.</p> <p>15 Q. Whether or not that glaucoma originates</p> <p>16 from an injury or some other cause, right?</p> <p>17 A. That's true.</p> <p>18 Q. Okay. How could the gonioscopy have aided</p> <p>19 in the diagnosis of narrow angle glaucoma</p> <p>20 in Kyle Bengtson?</p> <p>21 MR. WHITE: Object to the form.</p> <p>22 A. Somebody who actually saw him when he had</p> <p>23 angle closure glaucoma would be better able</p>	<p style="text-align: right;">Page 211</p> <p>1 it?</p> <p>2 MR. ADAMS: I'm just going to ask</p> <p>3 him about it.</p> <p>4 MR. WHITE: He needs to read it</p> <p>5 first.</p> <p>6 Q. Well, you can read it. Sure. No problem.</p> <p>7 MR. WHITE: Well, and we're not</p> <p>8 going to answer questions</p> <p>9 about it unless you're going</p> <p>10 to make it an exhibit to the</p> <p>11 deposition.</p> <p>12 MR. ADAMS: That's fine. I'll</p> <p>13 make it an exhibit. That's</p> <p>14 fine.</p> <p>15 (Plaintiff's Exhibit 6 was marked</p> <p>16 for identification.)</p> <p>17 Q. I'm just going to ask you about the middle</p> <p>18 paragraph there on the symptoms.</p> <p>19 MR. WHITE: I don't think he's</p> <p>20 finished reading it. I know</p> <p>21 I'm not. We just finished the</p> <p>22 first paragraph.</p> <p>23 MR. ADAMS: All right.</p>
<p style="text-align: right;">Page 210</p> <p>1 to answer that question. I don't know</p> <p>2 exactly what was going on with him at that</p> <p>3 time. It wasn't doing that when I saw him.</p> <p>4 Q. Okay. Whether or not he had a closed angle</p> <p>5 at the time he came to see you, based on</p> <p>6 his complaint that he was seeing halos</p> <p>7 around lights, why was the gonioscopy not</p> <p>8 performed?</p> <p>9 A. There was no indication to perform it.</p> <p>10 Q. Would Goldmann tonometry have aided you in</p> <p>11 your diagnosis?</p> <p>12 A. No more so than what we had already.</p> <p>13 Q. And are Goldmann tonometry and applanation</p> <p>14 tonometry the same thing?</p> <p>15 A. There are other kinds of applanation</p> <p>16 tonometry.</p> <p>17 Q. I'm just going to show you this. We may</p> <p>18 make it an exhibit, but -- I'll show it to</p> <p>19 your attorney. That's just something I</p> <p>20 found on the internet, and I'll be glad to</p> <p>21 share a copy with your lawyer if you want</p> <p>22 to. This is just something that --</p> <p>23 MR. WHITE: You want him to read</p>	<p style="text-align: right;">Page 212</p> <p>1 Q. Okay. If you don't mind, just put this</p> <p>2 down on the table where we can both look at</p> <p>3 it.</p> <p>4 A. Okay.</p> <p>5 Q. All right. Where it says symptoms of</p> <p>6 narrow angle glaucoma, you agree with me</p> <p>7 that it says cloudy cornea there?</p> <p>8 A. Correct.</p> <p>9 Q. Blurring and decreased visual acuity. Do</p> <p>10 you see that?</p> <p>11 A. Correct.</p> <p>12 Q. Seeing halos around lights. Do you see</p> <p>13 that?</p> <p>14 A. Well, I saw it, yes.</p> <p>15 Q. All right. Are you aware that this kind of</p> <p>16 information -- I'll just represent to you</p> <p>17 that this kind of information regarding the</p> <p>18 signs and symptoms of angle closure</p> <p>19 glaucoma is readily available to a layman</p> <p>20 over the internet. Are you aware of that?</p> <p>21 A. I would think probably so.</p> <p>22 Q. Okay.</p> <p>23 A. If they looked under -- you could do it</p>

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<p>1 under Google or under Mayo Clinic or</p> <p>2 something like that.</p> <p>3 Q. Yeah. And I'm not going to take the time</p> <p>4 to go through everything, but I got one</p> <p>5 from Emedicine Health, one from IMD.</p> <p>6 A. Right.</p> <p>7 Q. And it all has halos around lights, blurry</p> <p>8 vision --</p> <p>9 A. Correct.</p> <p>10 Q. -- cloudy cornea.</p> <p>11 Why do you think that this type of</p> <p>12 information is so readily available to the</p> <p>13 public as being a symptom of narrow angle</p> <p>14 glaucoma, yet you, apparently, were not</p> <p>15 concerned about glaucoma when Kyle Bengtson</p> <p>16 presented with these symptoms on August the</p> <p>17 20th?</p> <p>18 MR. WHITE: Object to the form.</p> <p>19 That's a compound and</p> <p>20 confusing, misleading</p> <p>21 statement. You're going to</p> <p>22 have to break that down.</p> <p>23 First you asked why is it on</p>	<p>1 Q. Okay. But at least as of a few hours ago,</p> <p>2 I presented you with academic literature</p> <p>3 saying that that is the proper battery of</p> <p>4 tests.</p> <p>5 MR. WHITE: Object to the form.</p> <p>6 A. It said that it was the appropriate test if</p> <p>7 other things applied to that patient which</p> <p>8 did not apply in Kyle's case.</p> <p>9 Q. Isn't it your job as an optometrist to</p> <p>10 eliminate the concern that Kyle may have a</p> <p>11 blinding disease like glaucoma?</p> <p>12 A. Yes. And that's why we checked the</p> <p>13 pressure in his eye. That's why we looked</p> <p>14 at his optic nerve. That's why we did a</p> <p>15 screening for the depth of his anterior</p> <p>16 chamber angle. That's why we checked his</p> <p>17 pupil reflexes. That's why we did</p> <p>18 confrontation visual fields. All of those</p> <p>19 are useful in diagnosing glaucoma, and they</p> <p>20 were all normal.</p> <p>21 Q. Okay. What causes seeing halos around</p> <p>22 lights?</p> <p>23 MR. WHITE: Asked and answered.</p>
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<p>1 the Internet, and then you</p> <p>2 said something about you</p> <p>3 apparently disregarded the</p> <p>4 information.</p> <p>5 Q. Do you have an answer?</p> <p>6 MR. WHITE: He's not going to</p> <p>7 answer that question as</p> <p>8 asked. If you want to break</p> <p>9 it down into two questions,</p> <p>10 you can ask it again.</p> <p>11 A. Have to break it down some.</p> <p>12 Q. If a patient presented to you with these</p> <p>13 symptoms, the same symptoms that Kyle</p> <p>14 Bengtson presented on August the 20th,</p> <p>15 2004, what tests would you run?</p> <p>16 A. I would run all of the tests that we did</p> <p>17 this day. And if they were -- the results</p> <p>18 were the same on them, then I would have</p> <p>19 taken the same treatment plan.</p> <p>20 Q. You wouldn't do the Goldmann's tonometry?</p> <p>21 A. No.</p> <p>22 Q. And you wouldn't do the gonioscopy?</p> <p>23 A. No.</p>	<p>1 MR. ADAMS: He hasn't answered</p> <p>2 that.</p> <p>3 A. About three times.</p> <p>4 Q. I said what causes it. It's different.</p> <p>5 What causes it?</p> <p>6 A. Anything that interferes -- let's see. Let</p> <p>7 me use an analogy. If you're riding down</p> <p>8 the road and you hit a big splash of some</p> <p>9 kind of crud on your windshield, and you</p> <p>10 look at the headlight coming the other way,</p> <p>11 it's going to have all kinds of different</p> <p>12 beams and just distortion to the image of</p> <p>13 the headlight. So if he has cataracts, if</p> <p>14 he has glaucoma scarring -- I mean, if he</p> <p>15 has corneal scarring, if he has a</p> <p>16 refractive error such as an increase in the</p> <p>17 amount of astigmatism, if he has a retinal</p> <p>18 problem, all of those things could cause</p> <p>19 those symptoms.</p> <p>20 Q. Okay.</p> <p>21 A. And some more.</p> <p>22 (Plaintiff's Exhibit 7 was marked</p> <p>23 for identification.)</p>

<p style="text-align: right;">Page 217</p> <p>1 Q. All right. Let me hand you what I'm going</p> <p>2 to mark as Plaintiff's Exhibit 7. Do you</p> <p>3 recognize this document? I'm not going to</p> <p>4 ask you about this whole thing. Just kind</p> <p>5 of --</p> <p>6 MR. WHITE: Do you recognize it?</p> <p>7 THE WITNESS: Yes.</p> <p>8 Q. Okay. This is your license agreement</p> <p>9 between Wal-Mart and you, correct?</p> <p>10 A. Correct.</p> <p>11 Q. Okay. All right. Is everything in here</p> <p>12 true and correct? I mean, this</p> <p>13 agreement -- Well, you can go ahead and</p> <p>14 answer that one, and then we'll ask the</p> <p>15 next one.</p> <p>16 MR. WHITE: Do you know what the</p> <p>17 question is?</p> <p>18 Q. Is this an accurate --</p> <p>19 A. I'm just looking through to make sure all</p> <p>20 of it is right.</p> <p>21 Q. This is an accurate -- this document is</p> <p>22 your license agreement, correct?</p> <p>23 A. So far it is.</p>	<p style="text-align: right;">Page 219</p> <p>1 come into the leased area of the store at</p> <p>2 any and all times. Do they have open</p> <p>3 access to your store? Does a</p> <p>4 representative of Wal-Mart have the right</p> <p>5 to come and go in your optometry store,</p> <p>6 say, even after it's locked up?</p> <p>7 A. Y'all are the lawyers. I don't know.</p> <p>8 Q. I'm asking you, do they --</p> <p>9 A. I've never had that happen.</p> <p>10 Q. Okay. Do they have a key to your optometry</p> <p>11 shop?</p> <p>12 A. The store manager people have a key where</p> <p>13 they can come in in case of emergencies and</p> <p>14 stuff.</p> <p>15 Q. Okay. But do they come in for any other</p> <p>16 reasons?</p> <p>17 A. Not that I'm aware of.</p> <p>18 Q. Okay. Paragraph 10, it says that you do</p> <p>19 not have the right or authorization to</p> <p>20 assign or sublicense any part of the</p> <p>21 licensed premises to anybody else.</p> <p>22 Do you understand that to mean that you</p> <p>23 cannot like subcontract any of your duties</p>
<p style="text-align: right;">Page 218</p> <p>1 Q. Okay.</p> <p>2 A. I'm looking to make sure.</p> <p>3 Q. Sure.</p> <p>4 All right. Has this agreement been</p> <p>5 modified in any way since it was written</p> <p>6 February 28th, 2004?</p> <p>7 A. Not to my knowledge.</p> <p>8 Q. Okay. And if it were modified, you and</p> <p>9 Wal-Mart would have to do that --</p> <p>10 A. Correct.</p> <p>11 Q. -- together? It couldn't be just done by</p> <p>12 one party, right?</p> <p>13 A. No.</p> <p>14 Q. Okay. Look at page six, if you would,</p> <p>15 section 12. It says that Wal-Mart</p> <p>16 licensor -- in other words, which is</p> <p>17 defined as Wal-Mart -- says that they shall</p> <p>18 at any and all times have full right to</p> <p>19 enter upon the premises herein licensed for</p> <p>20 any lawful purpose.</p> <p>21 Do you see that?</p> <p>22 A. Okay. What was the question?</p> <p>23 Q. Well, paragraph 12 says that Wal-Mart can</p>	<p style="text-align: right;">Page 220</p> <p>1 or obligations under this agreement?</p> <p>2 MR. WHITE: Object to the form. I</p> <p>3 mean, the document says what</p> <p>4 it says. It's a signed</p> <p>5 document between he and</p> <p>6 Wal-Mart, but --</p> <p>7 Q. Okay. Well, I'm just asking. Is it a fair</p> <p>8 reading of this that you're not permitted</p> <p>9 to --</p> <p>10 Let's just say you got tired of doing</p> <p>11 what you're doing. You couldn't just go</p> <p>12 find a new optometrist and say, hey, you</p> <p>13 know, here, work at Wal-Mart under my</p> <p>14 agreement. You're not permitted to do</p> <p>15 that, are you?</p> <p>16 MR. WHITE: Object to the form.</p> <p>17 You can answer if you know.</p> <p>18 A. Sometimes someone from one store will cover</p> <p>19 for someone from the other store if there's</p> <p>20 illness or death in the family or things</p> <p>21 such as that, if that's what you're asking.</p> <p>22 Q. Well, not exactly, but --</p> <p>23 I mean, have you ever tried to get out</p>

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<p>1 of this agreement?</p> <p>2 A. No.</p> <p>3 Q. Okay. And do you know if you could get out</p> <p>4 of this agreement and, like, assign your</p> <p>5 rights or sell your rights under this</p> <p>6 agreement to another optometrist?</p> <p>7 A. No. All I can do is break the agreement</p> <p>8 with Wal-Mart.</p> <p>9 Q. Okay. Are you free to break the agreement?</p> <p>10 A. With a notice.</p> <p>11 Q. Okay. And that's helpful to know. They've</p> <p>12 got to give you a 60-day notice. Is that</p> <p>13 what you understand?</p> <p>14 A. What page are you on on there?</p> <p>15 Q. Page one. If they want to break the</p> <p>16 agreement --</p> <p>17 MR. WHITE: What paragraph are you</p> <p>18 at?</p> <p>19 MR. ADAMS: It's the last</p> <p>20 paragraph on the page.</p> <p>21 Licensor shall whenever</p> <p>22 possible provide licensee with</p> <p>23 60 days notice with proposed</p>	<p>1 agreement, but they collect part of -- part</p> <p>2 of the operation is for them to collect all</p> <p>3 the fees for me, and I pay them a</p> <p>4 percentage for that and other jobs that</p> <p>5 they do to help me.</p> <p>6 Q. Okay. If you can't rule out the prospect</p> <p>7 of a certain eye disease, what is your</p> <p>8 duty?</p> <p>9 A. I'm sorry?</p> <p>10 Q. If you can't rule out the prospect of a</p> <p>11 certain eye disease, what is your duty to</p> <p>12 the patient?</p> <p>13 A. To have him see somebody that can.</p> <p>14 Q. Okay. Do you know Dr. Richard Murphy, an</p> <p>15 optometrist?</p> <p>16 A. Oh, okay. Yes.</p> <p>17 Q. Is he a friend of yours?</p> <p>18 A. No, not really. I haven't seen him in a</p> <p>19 while.</p> <p>20 Q. Okay. When was the last time you saw him?</p> <p>21 A. I think it's been about two or three</p> <p>22 years. We ended up in the same CE</p> <p>23 conference.</p>
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<p>1 closure of the licensed</p> <p>2 premises and/or vision center.</p> <p>3 MR. WHITE: Okay.</p> <p>4 A. And what that says is if they close the</p> <p>5 vision center in that store, they have to</p> <p>6 give you a 60-day notice.</p> <p>7 Q. Right. And what kind of notice do you have</p> <p>8 to give them if you want to get out of</p> <p>9 this?</p> <p>10 A. It's in here somewhere.</p> <p>11 Q. Okay. I see it on page three. It is</p> <p>12 agreed and understood that licensee shall</p> <p>13 have the right to terminate this agreement</p> <p>14 upon the giving of 60-days notice in</p> <p>15 advance of termination. Okay.</p> <p>16 And when you said earlier that they</p> <p>17 give you a money order, what I understand</p> <p>18 is they collect the money for you, and at</p> <p>19 the end of the day you get a money order</p> <p>20 for 90 percent of what they collected; is</p> <p>21 that right?</p> <p>22 A. The percentage varies depending on other</p> <p>23 things that are flexible within the</p>	<p>1 Q. Are you aware he's given an expert opinion</p> <p>2 in your case?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. In his affidavit or his opinion, he</p> <p>5 stated that -- his report, rather -- he</p> <p>6 said, it is my opinion that Dr. Bazemore,</p> <p>7 like any other practicing optometrist,</p> <p>8 could not have predicted the tragic</p> <p>9 sequence of events that led to plaintiff's</p> <p>10 vision loss.</p> <p>11 Do you agree that there was a tragic</p> <p>12 sequence of events here?</p> <p>13 MR. WHITE: Object to the form.</p> <p>14 You can answer.</p> <p>15 A. I think it's unfortunate that he had a</p> <p>16 problem with his eye, if that's what you're</p> <p>17 asking.</p> <p>18 Q. Do you agree that no medical professional</p> <p>19 could see into the future, really? I mean,</p> <p>20 correct?</p> <p>21 A. I haven't met one yet.</p> <p>22 Q. Right. Y'all aren't in the crystal ball</p> <p>23 business, are you?</p>

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1 A. No.
 2 Q. Okay. Do you agree that because you can't
 3 predict what lies ahead, you have to
 4 prepare for the worst?
 5 MR. WHITE: Object to the form.
 6 A. No, I don't agree with that.
 7 Q. Why not?
 8 A. Well, do you sleep in the basement in case
 9 you have a tornado?
 10 Q. I don't have a basement, but anyway. If
 11 you see a tornado coming, do you sleep in
 12 your basement?
 13 A. If I saw one coming, I would.
 14 Q. Because you're concerned for your safety,
 15 correct?
 16 A. That, and more so my family's.
 17 Q. And as an optometrist, it's your duty to be
 18 concerned for the safety of those people
 19 who come to you as patients, correct?
 20 A. That's what they're coming in for.
 21 Q. And it is your job to see --
 22 As you said in the first few minutes of
 23 this deposition, you are an optometrist,

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1 correct?
 2 A. That's correct.
 3 Q. And you are trained to examine eyes for eye
 4 problems such as glaucoma, correct?
 5 A. Correct.
 6 Q. And therefore, you are required to know the
 7 symptoms of glaucoma, correct?
 8 A. Correct.
 9 Q. So that you can see such a problem as
 10 glaucoma coming before it causes too much
 11 damage, correct?
 12 MR. WHITE: Objection to the
 13 form. You can answer.
 14 A. Well, glaucoma is not very predictable in
 15 the sense that until there are symptoms,
 16 you can't diagnose them as having them or
 17 not or signs. And the only way you can
 18 tell if they have it is through
 19 verification of different defects which
 20 we've already covered and gone through some
 21 of that.
 22 Q. And the verification requires the
 23 implementation of your best tools, correct?

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1 A. It would depend on what kind of problems
 2 you detected as to what should be done
 3 next.
 4 Q. Okay. All right. I'm done.
 5 *****
 6 FURTHER DEPONENT SAITH NOT
 7 *****
 8 REPORTER'S CERTIFICATE
 9 STATE OF ALABAMA:
 10 MONTGOMERY COUNTY:
 11 I, Patricia G. Starkie, Registered
 12 Diplomate Reporter, CRR, and Commissioner for the
 13 State of Alabama at Large, do hereby certify that I
 14 reported the deposition of:
 15 DAVID BAZEMORE, O.D.
 16 who was first duly sworn by me to speak the truth,
 17 the whole truth and nothing but the truth, in the
 18 matter of:
 19 KYLE BENGTSON,
 20 Plaintiff,
 21 vs.
 22 DAVID BAZEMORE, O.D.,
 23 Et al.,

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1 Defendants.
 2 In The U.S. District Court
 3 For the Middle District of Alabama
 4 Eastern Division
 5 Case Number 3:06-cv-00569-MEF
 6 on May 15, 2007.
 7 The foregoing 227 computer printed pages
 8 contain a true and correct transcript of the
 9 examination of said witness by counsel for the
 10 parties set out herein. The reading and signing of
 11 same is hereby waived.
 12 I further certify that I am neither of kin
 13 nor of counsel to the parties to said cause nor in
 14 any manner interested in the results thereof.
 15 This 30th day of May 2006.
 16
 17
 18
 19 Patricia G. Starkie, Registered
 20 Diplomate Reporter, CRR, and
 21 Commissioner for the State
 22 of Alabama at Large
 23

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NAME Bengtson, Kyle DATE: 8-20-04
 DOB 1-12-77 ADDRESS 2409 Leerd 84 Leav
 SEX m PHONE 587-2590
 RACE C SPONSOR

uncorrected

HABITUAL Rx

corrected

V.A.	dist	near	sph	cyl	axis	add	prism	dist	near
O.D.	1.00		-0.25	-1.25	92			UltraFlex, DW	
O.S.	40		-1.00	DS				8.6/14.9 -1.00	
O.U.								-1.00	

P.D.

HX: last eye exam: 9-27-03 Reason: Ataxic
problem w/ old eye feds
General Health: good Film
Medications: No
Drug Allergies: WICIDA

Cover Test CC 0/0

Vergences

Ext. unmetVersions freeNPC freePupils normal w/ mAcc. DM

RET.	V.A.	Subj.	V.A.	Near	V.A.
O.D.	<u>Clear</u>	<u>-50-250x94</u>	<u>2/25"</u>		
O.S.		<u>-100 DS</u>	<u>1/20"</u>		
Monoc x-cyl		PRA			
Binoc x-cyl		NRA			

Stereopsis

Color Vision plates 8 misses 0 minor

Misc:

Confrontation
OD: PDRS, PDR
OOD: PDRS

Keratometry O.D. 44.00/45.50
 O.S. 44.75/44.75

SLE 1/3/4/4/4 Oph ESCIN 135 Soft

Limbs not clear at
area clear at

Tonometry NCT @ 10:00 amIMP: B PLAN: D

A) curd & 100
V. B. W. 00

A right lens to only
after + down of 1
OD -50-250x94

PLAINTIFF'S
EXHIBIT

5

1040 800-831-8989

NAME BRUNSON, Lyle DATE: 9/27/03
 DOB 1/1/57 ADDRESS 3000 Waverly
 SEX M PHONE 887-2380 489 100 368 79
 RACE C SPONSOR 84

uncorrected				HABITUAL Rx				corrected			
V.A.	dist	near	sph	cyl	axis	add	prism	dist	near		
O.D.	<u>20/50</u>										
O.S.	<u>20/40</u>										
O.U.											

P.D.

HX: last eye exam: Reason: General Health: 11/11
last 10/01, new ccs
then wear part-time
ccs, sup + update
ccs
 Medications: no
 Drug Allergies: ALCOH
 Ocular History: neg + F

Cover Test SC 0/0
 Vergences unimpaired
 Ext. unimpaired
 Versions full
 NPC OK
 Pupils normal
 Acc. normal

RET.	V.A.	Subj.	V.A.	Near	V.A.
O.D.	<u>Clear</u>	<u>-25-125892</u>	<u>20/20</u>		
O.S.		<u>-100</u>	<u>20/20</u>		
Monoc x-cyl		PRA			
Binoc x-cyl		NRA			

Stereopsis plates misses 10 minutes Misc: Confrontation
OD FOR LOS PPR
all quad

Perimetry O.D. 1/3/4/10/15/20/25/30/35/40/45/50/55/60/65/70/75/80/85/90/95/100
 O.S. 1/3/4/10/15/20/25/30/35/40/45/50/55/60/65/70/75/80/85/90/95/100
 LE 1/3/4/10/15/20/25/30/35/40/45/50/55/60/65/70/75/80/85/90/95/100
 Oph yes yes yes

tonometry NCT@ 12 14 16
 MP: 8:50
 PLAN: P

Refract + Discus
Refract
OD - 25-125892
OS - 100
47
47

NAME Bergtsun, Kyle DATE: 10-02-01
 DOB 1-12-79 ADDRESS 326 Lee Rd 649, Leavenworth, KS
 SEX M PHONE 887-2580 AL 3657
 RACE C SPONSOR

uncorrected					HABITUAL Rx					corrected	
V.A.	dist	near	sph	cyl	axis	add	prism	dist	near		
O.D.	60		-50	-25	95						
O.S.	40		-50	-25	10						
O.U.											

P.D. last eye exam: 3-24-00 Reason: Blue exam - wants contacts (reviewed)
 last new glasses General Health: NO

the patient Medications: NO
can wear Drug Allergies: NKDA

Cover Test cc 10 Ocular History: NO ocular
 Emergences
 Ext. unimpaired

versions full
 PC can
 Pupils reactive
 cc. N/A

RET. V.A. Subj. V.A. Nent V.A.
 D. -7.5 -2.5 x 100
 S. -7.5 DS

Monoc x-cyl
 noc x-cyl

ereopsis
 for Vision plates 8 misses Misc: Confrontation
OD RFL 0.50
all good

ometry O.D. 44.60/45.00
 O.S. 44.50/44.87
 E 11/29/30 Oph ES 350
unimpaired 350

ometry NGT @ 3.50 pm PLAN: TA 20
11/29/30 11/29/30

11/29/30 11/29/30
11/29/30 11/29/30

11/29/30 11/29/30
11/29/30 11/29/30

LAST: BENGTSON FIRST: KYLE
 NAME: BENGTSON, KYLE DATE: 3-24-00
 DOB: 1-12-77 AGE: 23 ADDRESS: 306 Lee Rd 649 Waverly
 SEX: M PHONE: 887-2580 ID #: A136879
 RACE: W Insurance: GROUP #

V.A.	uncorrected			HABITUAL Rx			corrected		
	dist	near	sph	cyl	axis	add	biso	dist	near
20/	O.D. <u>60-1</u>			<u>None</u>					
	O.S. <u>50-1</u>								
	O.U.								

P.D.
 EX: LAST EXAM DATE: NEVER HAD ONE REASON FOR VISIT: RT EXAM
CC: V ∞ UO HAVING PROBLEMS SEEING FAR AWAY
 MEDS:

noticed last several weeks, near VOK
 KNOWN DRUG ALLERGIES:

OCULAR HISTORY:

Cover Test add
 Vergences
 Ext. upward
 Versions pull
 HFC on
 Pupils MM 4.0
 Acc. MM

	DET.	V.A.	Subj.	V.A.	Refr.	V.A.
O.D.	<u>Clear</u>		<u>-25-50895</u>		<u>20/20</u>	
O.S.			<u>-50-25810</u>		<u>20/20</u>	
Monoc x-cyl			PHH			
Binoc x-cyl			NHA			

Stereopsis
 Color Vision COLOR PLATES: 0 MISSES M Misc: C-ETEC @ 60 All quads

Keratometry O.D. 44.50 44.87
 O.S. 44.50 45.12

SLE 11/10/30
intermittent blur Oph FE 3 0.350
clear

Tonometry NCT @ 3.00pm
 IOP: 17 AD CUMM PLAN: P) R's glasses DVO
16 AD CUMM OD -50-25895
OS -50-25810
newton AMD

DR. DAVID N. BAZEMORE
OPTOMETRIST

PATIENT REGISTRATION FORM

Patient's Name: _____

Parent's Name: _____
(If Patient Is A Child)

Mailing Address: _____

Date Of Birth: _____
/ / 19__

Age: _____ City State Zip

Home Phone: _____ Work: _____

Occupation: _____ Employer: _____

If Student-Grade: _____ School: _____

Who May We Thank For Referring You To Us?

Will Today's Exam Be Paid For By (Circle One)

Cash- Check-Credit Card- Insurance-Other

1. What is your reason for seeking vision care at this time?

2. Do you have any general health problems?

3. Are you taking any medications?

4. Are you allergic to any medications?

5. Have you ever had any injuries, operations or infections involving your eyes?

6. Is there any family history of eye disease such as Cataracts or Glaucoma, in your family?

7. Do you have a lazy eye? Right or Left

Signature

DATE:

ADDRESS

PHONE

SPONSOR

uncorrected

HABITUAL Rx

corrected

dist

near

sph

cyl

axis

add

prism

dist

near

O.D.

O.S.

O.U.

P.D.

1st eye exam:

Reason:

General Health:

Medications:

Drug Allergies:

ocular history:

RET.

V.A.

Subj.

V.A.

Near

V.A.

PRA

NRA

Misc:

Confrontation

OD

OS

vision plates misses

metry O.D.

O.S.

Oph

metry NCT @

PLAN:

□□□□□□

picz

PHYSICIAN OR SUPPLIER INFORMATION

REGIONS THAT HAVE A HIGH LEVEL OF GOVERNMENT AND PRIVATE PROGRAMS, BUT WITHOUT INSTITUTIONAL SUPPORT FOR
THESE PROGRAMS.

any form of piracy, and the use of, or disclosure of, shall constitute an act of piracy, and the use of, or disclosure of, shall constitute an act of piracy, and the use of, or disclosure of, shall constitute an act of piracy.

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND CHAMPUS PAYMENTS: A patient's signature represents their payment of their medical and authorized release of any information necessary to process the claim and certify that the information provided in Blocks 1 through 12 is true, accurate, and complete. In the case of a Medicare claim, the patient's signature is also an acknowledgment of release of medical and nonmedical information, including employment status and whether the person is an eligible group health plan beneficiary, without worker compensation or other insurance which is responsible to pay for the services to which the Medicare claim is made. For 42 CFR 400.101, the patient's signature also represents release of the information to the health care agency sponsor in accordance with the disclosure assigned to the patient's participation level. By physical agreement to accept the charge determination of the Medicare carrier, CHAMPUS fiscal intermediary, or the net charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured", i.e., items 1a, 4, 6, 7, 9, and 11.

BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)

certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

or CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black-Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

3. Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

WARNING: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION
(PRIVACY ACT STATEMENT)

We are authorized by HCFA, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a)(5), and 44 USC 3101-41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 6101 et seq; and 30 USC 901 et seq; 36 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

Some information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures may be made through routine uses for information contained in systems of records.

-OR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled, 'Carrier Medicare Claims Record,' published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

OR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990. See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USE(S): Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA, to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims, and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 42 USC 3801-3802 provide penalties for withholding this information.

...should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

_____ further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or

PLEASE
DO NOT
STAPLE
IN THIS
AREA

HEALTH INSURANCE CLAIM FORM

HCA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
4. INSURED'S NAME (Last Name, First Name, Middle Initial)		5. INSURED'S ADDRESS (No., Street)	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)	
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		9. PATIENT STATUS Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>	
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE		11. INSURED'S POLICY GROUP OR FECA NUMBER	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
18. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES		19. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
20. PRIOR AUTHORIZATION NUMBER		21. PRIOR AUTHORIZATION NUMBER	
22. DATE(S) OF SERVICE From MM DD YY To MM DD YY		23. PLACE OF SERVICE	
24. TYPE OF SERVICE		25. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	
26. DIAGNOSIS CODE		27. \$ CHARGES	
28. DAYS OR UNITS		29. EPSDT Family Plan	
30. EMG		31. COB	
32. RESERVED FOR LOCAL USE		33. RESERVED FOR LOCAL USE	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$	
29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)	
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #		34. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	
SIGNED DATE		PIN# GRP#	

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

[illegible]

SIGNATURE OF APPLICANT OR EMPLOYEE: WENDORA CHAMBERLAIN FILE # 11-10-1090

[illegible]

2. Networks to be considered for inclusion in a program's curriculum should be selected on the basis of various, nonexclusive criteria, including:

- a) whether employed in the past or projected to be employed in the future;
- b) whether the network is a type of network that is commonly known and used by the general community;
- c) whether the network is a type of network that is commonly known and used by the general community;
- d) whether the network is a type of network that is commonly known and used by the general community;
- e) whether the network is a type of network that is commonly known and used by the general community;
- f) whether the network is a type of network that is commonly known and used by the general community;
- g) whether the network is a type of network that is commonly known and used by the general community;
- h) whether the network is a type of network that is commonly known and used by the general community;
- i) whether the network is a type of network that is commonly known and used by the general community;
- j) whether the network is a type of network that is commonly known and used by the general community;
- k) whether the network is a type of network that is commonly known and used by the general community;
- l) whether the network is a type of network that is commonly known and used by the general community;
- m) whether the network is a type of network that is commonly known and used by the general community;
- n) whether the network is a type of network that is commonly known and used by the general community;
- o) whether the network is a type of network that is commonly known and used by the general community;
- p) whether the network is a type of network that is commonly known and used by the general community;
- q) whether the network is a type of network that is commonly known and used by the general community;
- r) whether the network is a type of network that is commonly known and used by the general community;
- s) whether the network is a type of network that is commonly known and used by the general community;
- t) whether the network is a type of network that is commonly known and used by the general community;
- u) whether the network is a type of network that is commonly known and used by the general community;
- v) whether the network is a type of network that is commonly known and used by the general community;
- w) whether the network is a type of network that is commonly known and used by the general community;
- x) whether the network is a type of network that is commonly known and used by the general community;
- y) whether the network is a type of network that is commonly known and used by the general community;
- z) whether the network is a type of network that is commonly known and used by the general community;

[illegible]

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THE IRS has the sole responsibility of ensuring that the information reported on the Form 990 is accurate and that the information is used for the purposes for which it was provided. The IRS is not responsible for the accuracy of the information reported on the Form 990 or for the use of the information reported on the Form 990.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)

are authorized to REVEAL CHAMPUS and CIVIL to ask for information needed in the administration of the Medicare CHAMPUS, FECA, and Black Lung program. Request for Social Information in Section 205(a), 1952, 1970 and 1974, the Social Security Act at amended 42 CFR 41.24(a) and 404.3(a)(7) and 1952, 1970, 1974, 1975 and 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 26

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

Information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems or records.

IF MEDICARE CLAIMS. See the notice modifying system NO. 95-70-030, titled "Claims, Medicare Claims Records," published in the Federal Register, Vol. 65, No. 177, page 37545, Wed. Sept. 12, 1990, or as updated and republished.

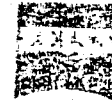
OR OWOP CLAIMS: Department of Labor, Private Act of 1974. "Republication of House of Representatives System of Records." Record Register, Vol. 82, No. 40, Wed. Feb. 29, 1974. See ESO-1, ESO-2, ESO-11, ESO-13, ESO-30, or as updated and republished.

IF CAMPUS CLAIMS PRINCIPLE PURPOSES: To evaluate, improve, or modify care provided by health services and to use program accomplishments, feedback, and determination that the services/supplies received are warranted by law.

[illegible][illegible]

MINISTRY OF DEFENSE - PROVINCIAL DEPARTMENT

1. The following information is provided for the year ended 31 December 2014:



Humphreys

RT 011.00 20 21 11
04.1
01

WD = 11.000
S 0
- 0.75 -0.50 101
- 0.50 -0.75 106
- 0.75 -0.50 86
- 0.75 -0.50 100
S 0
- 0.75
- 0.75
- 1.00
- 0.75

PD = 60mm
RT DATA
D MM A
44.62 7.56 103
45.00 7.49 106
44.87 7.52 AVE
CYL -0.37 15
D MM A
44.50 7.58 107
44.87 7.52 77
44.62 7.55 AVE
CYL -0.37 187

404
WD = 11.000
Sph Eq 1.50
Central K Dk MM AVE
44.50 7.52 107
45.00 7.49 106
Delta K 0.50 0.22
Avg K 44.75 7.51

404
Sph Eq 1.50
Central K Dk MM AVE
44.50 7.52 107
45.00 7.49 106
Delta K 0.50 0.22
Avg K 44.75 7.51

DR. DAVID N. BAZEMORE
OPTOMETRIST

PATIENT REGISTRATION FORM

Patient's Name: Kyle Benjamin

Parent's Name: _____
(If Patient Is A Child)

Mailing Address: 326 Lee Rd 649 Waverly AL 36877

Date Of Birth: _____

1/12/ 1977

Age: 23 Waverly AL 36877
City State Zip

Home Phone: 887-2530 Work: 502-7400

Occupation: Carpenter Employer: 1st Team Carpent.

If Student-Grade: _____ School: _____

Who May We Thank For Referring You To Us?

Will Today's Exam Be Paid For By (Circle One)

Cash Check-Credit Card- Insurance-Other

1. What is your reason for seeking vision care at this time? blurred vision
2. Do you have any general health problems? no
3. Are you taking any medications? no
4. Are you allergic to any medications? no
5. Have you ever had any injuries, operations or infections involving your eyes? no
6. Is there any family history of eye disease such as Cataracts or Glaucoma, in your family?
7. Do you have a lazy eye? Right or Left no

Kyle Benjamin
Signature